



**Signature**  
**HEALTH**

When you need help now.

May 3, 2021

Kim Fraser, Executive Director  
Lake County ADAMHS Board  
One Victoria Place  
Painesville, Ohio 44077

Dear Kim,

Enclosed, please find Signature Health's application to the Lake County ADAMHS Board for Fiscal Year 2022. We are grateful for the opportunity to submit a proposal and continue providing crucial and often lifesaving services to individuals in Lake County.

Signature Health's mission is to put good health within reach of all our community members. The last year has been one of the most challenging periods for our mission. Isolation, stress, and unemployment caused by COVID-19 have exacerbated behavioral health issues for those we serve. Thanks to the continued support of the Lake County ADAMHS Board, we have weathered the storm and continued to provide care and support to the Lake County community.

Our team quickly adapted to the new virtual environment; telehealth appointments are available for most services and are being widely used. Additionally, we are nearing the implementation period for our new electronic health record, Epic, which will bring all our programs onto a unified platform and give us the capability to more effectively serve our patients and better coordinate with other providers.

The programs for which Signature Health receives funding from the Lake County ADAMHS Board are running effectively, providing integrated care to more than 1,000 individuals over the last two years with Board funding. We are in the final stages of preparing for the opening of our residential treatment facility in Mentor. The C.H. Everett Clinic's 16 beds will offer evidence based treatment, including MAT, thanks to generous grant funding. Also of note, the perinatal program has engaged about 40 patients, despite being relatively new. We have included this service as a grant program to reflect the time and effort of our clinicians.

Throughout this application, you will see a focus on quality improvement goals and objectives as we seek to ensure our patients receive the highest level of care.

With the Board's continued support, we look forward to another year of serving those individuals who need help, now.

Sincerely,

Jonathan Lee  
CEO

38882 Mentor Ave.  
Willoughby, OH 44094

T: 440.953.9999  
F: 440.918.3839  
W: [www.signaturehealthinc.com](http://www.signaturehealthinc.com)

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**Provider Profile FY2022**

Agency Name	Signature Health
Street Address	7232 Justin Way
City/State/Zip	Mentor, OH 44060
DUNS #	962308680
Number of Sites	2
Address(es) Where All Services Will Be Provided	Willoughby 38882 Mentor Ave. Willoughby, OH 44094  Painesville 462 Chardon St. Painesville, OH 44077
Phone	Willoughby: (440) 953-9999 Painesville: (440) 853-1501 Family Planning: (440) 352-0608
Fax	Willoughby: (440) 918-3839 Painesville: (440) 853-1478
e-mail	Jlee@shinc.org
Website	<a href="https://www.signaturehealthinc.org/">https://www.signaturehealthinc.org/</a>
Executive Director/CEO	Jonathan Lee
Date Services Commenced	June, 1993
Board Chair	Josephine Jones

**Board Composition:**

# Board Members	13		
# Self-identified Primary Consumers	6	% of total board members	46%
# Self-identified Secondary Consumers (family members)	1	% of total board members	8%

**The Proposer Is (Check One):**

	Individual or Individually Owned	Owner:
	Partnership of the State of:	Partners:
	Corporation in the State of: Ohio	Name: Signature Health, Inc.
Yes	Non for Profit	
	Other, Indicate Type:	Name:

Mission statement: Signature Health puts good health within reach of all our community members through comprehensive mental health, medical, and support services, essential for optimizing the well-being of mind and body.

Agency description: Signature Health is a Federally Qualified Health Center (FQHC) offering mental health, substance abuse, and primary care services. Signature Health features walk-in services and an access clinic that provides same day or next day evaluations, including psychiatric evaluations. The promise "When you need help now" reflects the agency's commitment to clients, referral sources, and the community. With offices in Ashtabula, Cuyahoga, and Lake Counties, the agency has a

regional scope which enables better service delivery for clients. An array of services are offered, including diagnostic assessments, psychiatry, partial hospitalization program, mental health intensive outpatient program, substance abuse intensive outpatient program, case management, individual counseling, marriage and family counseling, dialectical behavioral therapy, group therapy, art therapy, pharmacy, lab, integrated medicine, medication assisted treatment, dual diagnosis groups, tele-medicine, walk-ins, primary medical care, sexual behavior treatment for abuse and addiction, infectious disease treatment, and the Ryan White program. The Family Planning locations provide healthcare, social services, and education services in Lake, Ashtabula, and Geauga Counties. Additionally, the FPA provides educational programs throughout the community in school, youth and detention facilities, mental health and AOD agencies, and other community organizations.

Primary areas of focus in the next 24-month period: The primary areas of focus for Signature Health in the next 24-month period will be expanding our service lines to meet key areas of need. In its most recent strategic plan, Signature Health identified geriatric services as an important focus area to develop services to meet the needs of an aging population within Lake County. Signature Health also anticipates another primary focus will be expanding its infectious disease services to test, diagnose, and treat patients with HIV and Hepatitis C. Signature Health's aim is to expand its infectious disease testing program to ensure that all of its most vulnerable patients receive HIV and Hepatitis C screening tests and any necessary referrals to achieve the best possible outcomes. Signature Health will also have a focus on expanding outreach and services within the LGBTQ community in the county. Signature Health will continue its work to combat the opioid epidemic and to address the impact that the COVID-19 pandemic has had on the population facing addiction and mental illness. In particular, we plan to focus on implementing a zero-suicide model over the next two years to better serve our patients that are at highest risk.

Biggest challenge in the next 12-month period: The biggest challenge within the next 12 months for Signature Health will be staffing. The market for healthcare workers in northeast Ohio and Lake County is very competitive. As Signature Health looks to expand its services and to continue to provide quality care for all of its patients, there has been a need to add to the Signature Health team and manage turnover of staff that have left Signature Health. We have seen significant challenges in recruiting candidates for nursing, counseling, residential services, and case management positions within the past year and we expect that to continue over the next 12 months. Healthcare workers are high in demand and our ability to attract and retain skilled staffing to continue to provide care at a high level will be a struggle that many organizations will face over the next year.

Administrative Strengths: Signature Health has a strong senior leadership team that is dedicated to providing quality care to its patients. At the beginning of the COVID-19 pandemic, the senior leadership team worked to transition clinical care to a primarily telehealth model to ensure safety and continuity of care for all of our patients and staff. The administrative team implemented new communication strategies with its staff to ensure that all staff had the most up to date information on any changes that may be happening as a result of COVID-19. Even during the challenges of COVID-19, the leadership team was able to guide Signature Health through a successful Operational Site Visit by HRSA with no findings and kept the progress towards implementing a new, unified EHR for all of our clinical care areas on track for a go-live date in May 2021. We believe that the new EHR system will position Signature Health to provide better integrated care to our patients.

Clinical Strengths: Signature Health provides comprehensive and integrated care, including behavioral health, primary care, infectious disease and medication assisted treatment (MAT). With an emphasis on population health management, we strive to address social determinants of health in our communities, with the vision of creating a community without health disparities. Team-based care ensures that the treatment team communicates with one another and coordinates patient care effectively and promptly. The multi-disciplinary treatment team works with patients to develop an



integrated, person-centered treatment plan appropriate to patient's unique treatment needs. Our highly-skilled clinicians utilize evidence-based clinical models such as Cognitive Behavior Therapy (CBT), Motivational Interviewing, Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Acceptance and Commitment Therapy, among others.

Signature Health prides itself in timely access to care by offering same-day or next-day assessments and psychiatric evaluations through our Access Clinic, as well as providing evening hours four days per week. We operate as a "one-stop shop" by providing pharmacy and laboratory services on site. Additional strategies we utilize to improve access to care include enabling services such as language interpretation (via MARTTI), transportation to and from appointments via case managers and/or Uber, financial eligibility assistance, wellness programs, and outreach. Prior to COVID, we also offered child-care services, and we hope to open our Kid Zone again in the future to eliminate the barrier of child care.

In response to COVID-19 and the need to quickly convert appointments to Telehealth services, our clinical leadership team developed Telehealth best practice guidelines for clinicians, with specific guidance on how to manage psychiatric emergencies via Telehealth. This included guidance on how to conduct suicide and violence risk assessments, discussing weapons with clients, when and how to exercise the duty to protect, and communicating with law enforcement. This year, our BH QI Committee will develop postvention strategies following management of acute psychiatric crises. Signature Health is embarking on Zero Suicide this year, with extensive staff training to occur in 2022. We will provide comprehensive suicide risk screening for all new patients with the use of the Columbia Suicide Severity Rating Scale (C-SSRS). We will develop a clinical care pathway for clients who are at risk, which includes assertive outreach, caring contacts, and wrap-around services.

How has your agency "done more with less" over the past 12 months: Over the past 12 months, Signature Health has faced several challenges as a result of the COVID-19 pandemic. Signature Health was able to transition to telehealth, to implement COVID-19 testing, to offer COVID-19 vaccines, and to continue to offer its core services. We were able to take on all of these challenges in part through the increased support of the Lake County ADAMHS Board, with its donation of PPE and the additional funding for resources to support our transition to telehealth and to provide testing services. One of the biggest ways Signature Health has done more with less is with its staffing. We have asked our staff to take on additional duties to help support testing and vaccine administration and we have been thankful for the flexibility of our grant funders in allowing us to divert some resources in order to better support the additional COVID-19 services that we have been able to offer to the community.

Certifications/Licensures/Accreditations	Year of Expiration
Ohio Department of Mental Health and Addiction Services	2021
Commission on the Accreditation of Rehab Services (CARF)	2021
Ohio Pharmacy Board	2023
CMS-CLIA: Certificate of Accreditation - Willoughby	2021
CMS-CLIA: Certificate of Accreditation - Painesville	2022
Controlled Substance Registration	2023
Agency Programs & Services:	Target Population
Partial Hospitalization Program	Adults - SPMI
SUD and MH Intensive Outpatient Program	Adults - SUD & MHD



MAT and Detox	Adults - SUD
Case Management	Adults & Children – SUD & MHD
Individual and Group Counseling	Adults & Children – SUD & MHD
SUD and MH Assessment	Adults & Children – SUD & MHD
Primary Care and Infectious Disease	Adults & Children
Laboratory Services	Adults & Children
Pharmacy Services	Adults & Children
Pharmacological Management	Adults & Children - SPMI
Residential Treatment	Adults & Children – SUD & MHD
Crisis Intervention	Adults & Children
Peer Recovery	Adults - SMI
Family Planning	Adults & Children
Ryan White Program	Adults – HIV+
Women's Mental Health and Perinatal Clinic	Pregnant Women & Mothers w/ young children
Hospital Liaison Program	Adults - SPMI
Life Skills Development	Adults
Wellness Program	Adults & Children – SPMI
Prevention Program	Adults - SMD
Wrap Around Services	Adults - SPMI

Consumers Served FY2021 (annualize):

Unduplicated Current Clinical Active Caseload	28,771
# Female	16,141
#Male	12,630
# of consumers between the ages of 0 – 12	1,192
# of consumers between the ages of 13 – 17	2,087
# of consumers between the ages of 18 – 64	23,037
# of consumers 65 and over	1,781
# of consumers receiving Medicaid services only	18,051
# of consumers receiving non-Medicaid services only	6,867
# of consumers receiving both Medicaid & non-Medicaid services	3,853
Estimated # of persons receiving prevention only services	0

Current fiscal year overview (not what is being proposed for the coming year):

Total Agency SFY 21 Expense Budget	\$85,250,421	
	Amount	% of Budget

SFY 21 total LCADAMHS budgeted contracts (non-Mcd, IDTF, Title XX Match)	\$902,680	1%
Administrative Overhead	\$8,975,967	11%
Support Costs	11,557,697	14%
Budgeted SFY 21 Revenues	\$89,559,271	

Current Fund Balance in Reserve (months)	1	Do you have a policy?	Y/N
Current Total # of Full Time Staff	653		
Current Total # of Part Time Staff	62		
Current # of Direct Service Staff	478	% of total staff =	73%

ADAMHS Quality Improvement Contract Compliance Review (all current year compliance reviews are not complete, report on previous year):

Outcome of SFY20 Review (Full/Partial/Non Compliance)	F/P/N	Date of last review:	April, 2021
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Enrollment Compliance:

# of Enrollees (GOSH):	482	% of total current caseload:	100%
OBHIS Submission Level (%):			23%

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## SECTION I

SFY22 PROPOSAL FORM

DATE: 4/30/2021

TO: Lake County Alcohol, Drug Addiction and Mental Health Services Board

FROM: Signature Health

Name of Proposer

BY: Sam Braun

Person Submitting Proposal

ADDRESS: 7232 Justin Way

Mentor, OH 44060

Having examined the specifications for the type(s) of service(s) for which this Proposal is submitted, and also having read the Instructions to Proposers and Fiscal Specifications, and having examined the proposed contract, the undersigned hereby proposes to furnish the following service(s) at the cost noted:

**NON-Medicaid Grant Contract Service Proposal**

Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
1. Evaluation and Management *	Varied	550	\$ 43,240.00		Children and adults with mental illness
2. MH Psyc. Diag. Eval. w/o Medical	\$ 100.18	40	\$ 4,010.00		Children and adults with mental illness
3. Psychotherapy for Crisis					
4. Psychotherapy Services **	Varied	1200	\$ 75,010.00		Children and adults with mental illness
5. Community Services ***	Varied	3300	\$ 61,930.00		Children and adults with mental illness
6. Mental Health Day Treatment					
7. Inpatient Psychiatric Service					
8. SUD Psyc. Diag. Eval. w/o Medical	\$ 110.10	15	\$ 1,650.00		Adults with chemical dependency
9. SUD Peer Recovery Support					
10. SUD Individual Counseling	Varied	200	\$ 10,120.00		Adults with chemical dependency
11. SUD Group Counseling	\$ 7.05	925	\$ 6,520.00		Adults with chemical dependency
12. SUD Case Management	Varied	30	\$ 770.00		Adults with chemical dependency
13. SUD Urine Drug Screen	\$ 13.95	60	\$ 840.00		Adults with chemical dependency
14. SUD RN/LPN Services					
15. SUD Intensive Outpatient Level of Care Group Counseling	\$ 121.17	230	\$ 27,870.00		Adults with chemical dependency

\* Evaluation and Management incorporates: Office Visits, Home Visits, Prolonged Visits/Add Ons, Psychiatric Diagnostic Evaluations/including Interactive Complexity, Medications Administered by Medical Professionals

\*\*Psychotherapy Services incorporates: Individual Psychotherapy, Family Psychotherapy, Group Psychotherapy

\*\*\*Community Services incorporates: Therapeutic Behavioral Services (TBS), RN/LPN Nursing Services, Psychosocial Rehabilitation (PSR), Community Psychiatric Supportive Treatment

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## NON-Medicaid Grant Contract Service Proposal

Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
16. SUD Partial Hospitalization (PH) Level of Care Group Counseling					
17. SUD Withdrawal Management with Extended On Site Monitoring					
18. SUD Clinically Managed Low-Intensity Residential Treatment					
19. SUD Clinically Managed Residential Withdrawal Management					
20. SUD Clinically Managed Population-Specific High Intensity Residential Treatment					
21. SUD Clinically Managed High Intensity Residential Treatment					
22. SUD Medically Monitored Intensive Inpatient Treatment (Adults)			\$ 200,110.00		
23. SUD Medically Monitored Intensive Inpatient Treatment (Adolescents)					
24. SUD Medically Monitored Inpatient Withdrawal Management					
25. SUD Ambulatory Detox and MAT					
26. SUD Sub-Acute Detox Services					
27. BH Hotline Services					
28. Information and Referral					
29. Housing Subsidies					
30. Emergency Housing Vouchers					

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**NON-Medicaid Grant Contract Service Proposal (continued)**

Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
31. Housing Support Worker					
32. Proj Assist in Trans from Homeless (PATH)					
33. Shelter Plus Care					
34. Property Acquisition and Management					
35. Residential Care					
36. Peer Services					
37. Transportation Service					
38. Employment					
39. Criminal Justice					
Forensic Services					
Jail Treatment					
Juvenile Justice					

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## NON-Medicaid Grant Contract Service Proposal (continued)

Service	Contract Rate	Projected # of Units	Non-Med Grant cost to Board	Change from previous fiscal year	Populations to be Served
40. MH Prevention:					
Alternatives					
Community Based Process					
Education					
Environmental					
Information Dissemination					
Problem Identification and Referral					
Family Planning			\$ 32,520.00		Adults and children with mental illness
total non-Medicaid grant request for Mental Health Prevention services					
41. SUD Prevention:					
Alternatives					
Community Based Process					
Education					
Environmental					
Information Dissemination					
Problem Identification and Referral					
total non-Medicaid grant request for Substance Use Disorder Prevention services					
42. Resp & Ther Foster Care for SED/C/A and Fam					
<b>CARE COORDINATION</b>					
43. Behavioral Health Liaison Program			\$ 178,250.00		Forensic, Chemical Dependency, and Mental Health - Adults
44. SUD Liaison Program					
45. Transition Age Youth					
46. Other Care Coordination					
<b>INTERVENTION/SUPPORT/ADVOCACY</b>					
47. Supplemental BH Services: Wrap Around Services			\$ 6,000.00		Adults with mental illness
48. Supplemental BH Services: Wellness			\$ 127,400.00		Adults and children with mental illness
49. Supplemental BH Services: Life Skills (Family Planning)			\$ 37,310.00		Adults and children with mental illness or chemical dependency
50. Supplemental BH Services: Perinatal Depression Program			\$ 45,110.00		Adult females with mental illness or chemical dependency
51. Supplemental BH Services					
<b>TOTALS</b>			<b>858,660.00</b>	<b>0.00</b>	

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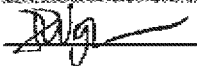
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In addition to the above non-Medicaid service grant proposals above, please project the following:

TOTAL AMOUNT OF INDIGENT DRIVER TREATMENT FUND REVENUE:

TOTAL AMOUNT OF TITLE XX MATCH REQUIRED:

Signature: 

Type/Print Name Here: Indrant Egleston

Capacity of Signer: Chief Financial Officer

NOTE: Each person who signs a contract on behalf of a successful Proposal shall indicate below his/her name, the capacity by which he/she purports to bind the successful Proposer. If the successful Proposer is an individually-owned firm and the signer is other than the owner, or if the successful Proposer is a partnership and the signer is other than a partner, or if the successful Proposer is a corporation and the signer is other than the Chief Executive Officer, then the successful Proposer shall furnish to the Board a power of attorney authorizing the signer to bind the Proposer. If the Proposer is a corporation, in place of a power of attorney, there may be substituted a certified copy of the minutes of the Board of Directors' meeting wherein the signer was authorized to bind the corporation to such a contract.

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## **FY 2022 PROPOSAL**

### **Organizational Overview**

#### **1. Organizational Structure**

##### **a. History**

Signature Health is a community-based Federally Qualified Health Center (FQHC) dedicated to providing a wide range of services to adults, children, adolescents including mental health, substance abuse, and primary care services. Promising immediate access to clients and referral sources, the staff at Signature Health personally commits to serving those who need help—now.

The mission of Signature Health is to put good health within reach of all our community members through comprehensive mental health, medical, and support services, essential for optimizing the well-being of mind and body. Signature Health maintains CARF accreditation indicating the fine quality of services for clients.

Formerly known as North Coast Center, Signature Health was originally inspired by personal experience and recognition of the needs specific to people affected by a broad range of mental illness classifications, including substance abuse.

Since its inception in 1993, Signature Health has grown into a comprehensive, quality outpatient counseling agency staffed by a multidisciplinary team of highly accomplished and caring professionals providing diverse and specialized services. Referral sources consistently and enthusiastically value Signature Health's ability to provide access to care in an unprecedented timeframe with new clients usually being seen within 24 hours of a referral including evaluation by a psychiatrist. The care received at Signature Health is comprised of best practice approaches and the clinical team includes psychiatrists, nurse practitioners, individual and family therapists, social workers, case managers and addiction specialists.

At first, Signature Health consisted of a small office in the Glenville area of Cleveland, Ohio and the agency primarily worked in area schools to provide drug and alcohol prevention services and groups. After moving to an office space in Euclid, Ohio (1994), the North Coast Center began to expand services by providing individual counseling. A short time later, the North Coast Center moved to an office in Eastlake, Ohio (1995), where it continued to grow substantially, offering both drug and alcohol services along with mental health services. After outgrowing this facility as well, North Coast Center moved to Willoughby, Ohio (1998). It was here that North Coast Center changed its name to Signature Health. Signature Health expanded rapidly, adding psychiatry, diagnostic assessment service, individual and group counseling, and case management.

In 2016, Signature Health opened its own lab, providing an ability to analyze urine screens, blood work, and other lab testing. This ultimately helped to shorten timelines for receiving patient results and offered more control over accuracy and accountability.

Additionally, at the end of 2016, Signature Health was officially designated a FQHC. This allows the agency to shift from a solely behavioral health focus to a broader focus on health and wellness for people with behavioral health issues. As a result, Signature Health is currently expanding into primary care and pediatrics. The agency's long-term vision includes providing dentistry, obstetrics, and vision care.

In 2017, the Family Planning Association of Northeast Ohio, Inc. became a division of Signature Health. This agency provides the community with medical services, counseling, and education related to reproductive health in Lake, Geauga, and Ashtabula Counties.

In January of 2018, Signature Health merged with Connections and ORCA House. With the merger, Signature Health substantially scaled up as a regional behavioral healthcare provider. The internal knowledge base has greatly increased, staff skills have expanded, and the agency is able to serve a greater number of people in more communities.

Signature Health currently has 715 staff members located in 7 offices and 3 (soon to be 4) residential facilities.

#### **b. Structure**

Signature Health, Inc. is incorporated as a private Sub Chapter-S corporation. The organization is a tax-exempt nonprofit as defined in section 501(c)(3) of the Internal Revenue Code. Signature Health has a 13-member Board of Directors. A list of board members with their current addresses is included in Appendix 2.

#### **c. Table of Organization**

Signature Health's Table of Organization is included in Appendix 2.

#### **d. Areas of Expertise**

Child/Adolescent Psychiatry	Adult Psychiatry
Geriatric Psychiatry	Diagnostic Assessments
Addiction Treatment	Crisis Intervention
Victims of Sex Abuse	DBT and Borderline Personality Disorders
Dually Diagnosed	Partial Hospitalization Program
Adolescent/adult DBT	Adolescent/adult CD
Adolescent/adult Dual Diagnosis	Art Therapy
Play Therapy	Grief Counseling
MR/Specialty psychiatry	Pharmacy
Lab Services	Integrated Medicine
Tele-Medicine	Medicine Assisted Treatment
EMDR Therapy	Sex offender treatment
Ryan White Program	Primary Medicine
Walk-in assessment clinic	Infectious Disease



#### Areas of Special Skill:

MARTTI (My Accessible Real Time Trusted Interpreter): over 70 languages can be accessed along with sign language capabilities, ensuring all clients can be treated regardless of their language.

### **2. State Equal Employment Opportunity Regulations**

Signature Health is an equal opportunity employer. This is held as a deep value as a minority-led agency. Copies of the agency's relevant policies and procedures can be found in Appendix 5.

### **3. Health Equity**

Signature Health's Board of Directors made a commitment to healthy equity in 2021 by adopting an organizational diversity, equity, and inclusion plan. The DEI plan set forth a guiding principle to provide high quality effective, equitable, health literate and culturally humble mental health, addiction recovery and primary care services that promote health and contribute to the elimination of racial, ethnic and other institutional health disparities. The plan recognizes that it takes diversity of thought, culture, background and perspective to foster a world without health disparities. With this in mind, the DEI plan sets objectives for governance, leadership, recruitment, education and training, patient relations, policies and procedures, culture, and more. A copy of the DEI plan is included in Appendix 5.

Healthy equity is ingrained in Signature Health's operations and quality improvement efforts. The agency's quality improvement plan, overseen by the chief medical officer and managed by the director of clinical quality, includes an evaluation of services based on racial and ethnic equity. This initiative is an ongoing check for the organization to ensure racial and ethnic minorities have equal access to services.

Most recently, Signature Health hosted cultural competency training in 2020 and will have trainings for more staff this year. An agreement is in place with the Diversity Center of Northeast Ohio. The Diversity Center will be providing the 'Bias & Micro Messages' training to a large group of staff members with the hope of all staff receiving the training.

### **4. Certification, Accreditation, Licenses, Affiliation**

Signature Health is certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) as a mental health and substance use outpatient treatment provider. Signature Health is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). These certifications and accreditations are included in Appendix 6. Signature Health affirms that it is only requesting non-Medicaid funding for services for which the agency is certified.

Additionally, Signature Health is member of the following organizations:

Beachwood Chamber of Commerce  
 BVU Center for Nonprofit Excellence  
 CPI  
 Conneaut Chamber of Commerce  
 Eastern Lake County Chamber of  
 Commerce  
 Greater Ashtabula Chamber of Commerce  
 Mentor Area Chamber of Commerce  
 Mental Health Advocacy Coalition  
 Midtown Cleveland  
 National Association of Community  
 Health Centers  
 National Children's Alliance  
 Ohio Council

Ohio Women's Network  
 PAAS National  
 International Association of Forensic  
 Nurses  
 CARF  
 NAMI OH  
 Ohio Association for Treatment of  
 Sexual Abusers  
 Ohio Association of Community Health  
 Centers  
 OH Domestic Violence Network  
 OH Pharmacists' Foundation  
 NAMI Lake County  
 YMCA

## 5. Insurance

Signature Health's certificate of liability insurance can be found in Appendix 6.

## 6. Key Contacts

Signature Health – Key Contacts			
Jonathan Lee	President and CEO	jlee@shinc.org	(440) 578-8200 x10253
Libbie Stansifer	Chief Medical Officer	lstansifer@shinc.org	(440) 578-8200 x10102
Ann Mason	Chief Operating Officer	amason@shinc.org	(440) 578-8200 x10103
Heather Harrington	Director of Clinical Quality	hharrington@shinc.org	(440) 578-8200 x10170
Dawn Brumfield	Director, BH Client Rights Officer	dbrumfield@shinc.org	(440) 578-8200 x10149
Allie Morana	Senior Manager, Marketing	amorana@shinc.org	(440) 578-8200 x10232
Cherise McDaniel	Director, Revenue Cycle Non-Medicaid Billing System Contact	cmcdaniel@shinc.org	(440) 578-8200 x10218
Indrani Egleston	Chief Financial Officer	iegleston@shinc.org	(440) 578-8200 x10123
Trish Krewson	Chief HR Officer, General Counsel	tkrewson@shinc.org	(440) 578-8200 x10220
Shannon Majoras	Chief Compliance Officer, General Counsel	smajoras@shinc.org	(440) 578-8200 x10214
Jared Lucas	Director, IT	jluucas@shinc.org	(440) 578-8200 x10402
Sara November	Manager, BH Services, Willoughby	snovember@shinc.org	(216) 337-4377 x19718
Adrian Springfield	Manager, BH Services, Painesville	aspringfield@shinc.org	(440) 853-1147 x14107

## **7. Capital Planning**

Historically, all of Signature Health's contracts with ADAMHS Boards are on a fee-for-service basis. The Lake County ADAMHS Board has provided capital assistance in the form of one-time grants, which enabled us to open the Signature Health laboratory and purchase copying machines. Additionally, the Board provides a grant to for Signature Health's new residential facility in Lake County.

Signature Health provides for capital needs within the confines of collected fees. Capital planning is extremely important and the agency has taken several steps to ensure capital solvency and provide for ongoing capital needs. First, the minimization of capital needs by leasing all of Signature Health's major office space. Second, the maintenance of an accurate inventory of capital purchases. Third, the development of an annual budget that includes capital expenditures. Lastly, the maintenance of a good relationship with the bank. The bank's evaluation of the agency's fiscal solvency is positive.

## **8. Physical Operations**

All equipment is Energy Star compliant. Signature Health installed programmable thermostats to manage utility utilization. The agency's MIS department wrote automatic computer shut down scripts to turn off all computer equipment when idle for too long. Video cameras are installed in the lobby and all hallways, and the security department monitors the cameras. Additionally, high-efficiency lighting is installed in the agency's new offices.

## **Administrative Operations**

### **9. Demonstrate how their agency administrative operations and services will address and implement the following components:**

#### **a. Notice of Privacy Practices**

Consistent with HIPAA regulations, each patient is mailed a copy of the agency's notice of privacy practices (privacy practices signs are posted in the lobbies of each office) and ADAMHS Board information along with other intake materials when they first contact the agency for services. Additionally, each patient (or their parent/guardian) signs an acknowledgment that they received the notice and are given an opportunity to ask any questions about Signature Health's practices when they arrive for their first appointment.

#### **b. ADAMHS Board Information**

Signature Health distributes a copy of the Lake County ADAMHS Board's Notice of Privacy Practices both by mail and in-person at the time of intake. Also during the time of intake, Signature Health distributes the Lake County ADAMHS Board's Client



Handbook to all new patients in the system. All forms are available in both English and Spanish.

**c. Staff Retention**

Signature Health's current turnover rate is 28%. As of April 16, Signature Health employed 715 individuals. In 2020, 156 people were hired and 235 people left the organization. Due to the initial financial impact of COVID-19, employees were laid off. However, staffing levels are now back to pre-pandemic levels with planned growth.

The agency conducts exit interviews for employees who have a voluntary termination. They are not conducted for employees who are terminated on the same day. Signature Health began conducting exit interviews in November, 2020. Since then, the HR coordinator has completed 39 interviews. Results from these interviews will be presented to the senior management team in the near future, and they will decide on changes to organizational policies and practices.

**d. Continuing Education**

Signature Health started as a prevention and training organization. Signature Health believes strongly in providing continuing education opportunities to staff and peers. The agency provides annual continuing education stipends to all staff, both clinical and non-clinical, to maintain and improve their skills.

Signature Health has been approved annually by the Ohio Counselor and Social Worker Board, the Ohio Chemical Dependency Professionals Board, and the Ohio Board of Nursing to conduct continuing education training.

Prior to the pandemic, Signature Health provided 5 days of training offered one day per month. This training is for staff and open to the public. It is anticipated that these trainings will resume when it is safe to do so. The Lake County ADAMHS Board places the trainings on their monthly calendar. The agency welcomes the opportunity to have Lake County providers participate in trainings held at an agency facility. To encourage interagency collaboration, Signature Health announces trainings, makes registration available online, and issues approved CEU certificates to participants.

**e. Marketing and Public Relations**

Signature Health is committed to making the clear connection between the Lake County ADAMHS Board and agency activities. Signature Health will work closely with the Board to use the Board's information on the agency's website, flyers, annual report, etc. to promote the Board and its activities. Appropriate literature will be displayed for consumers. Signature Health is also committed to using the suggested descriptive language in copy or public appearances.

## **Fiscal Guidance**

### **10. Describe how the organization will incorporate/comply with the Lake County ADAMHS Board's fiscal indicators, including:**

#### **a. Administrative Overhead**

The agency's total administrative overhead is 11% of total costs. Administrative overhead is comprised of leases and occupancy costs, professional fees, supplies, travel, depreciation, and other expenses.

Signature Health is always working to address administrative costs and developing efficiencies to offset rising expenses. To further reduce administrative overhead, Signature Health plans to deploy additional technology to allow the agency to expand service provision without expanding administrative overhead at the same pace. Signature Health has introduced an electronic records system to enhance treatment planning, enable e-prescribing, integrated scheduling, and integrated billing. This system allows treatment providers with a system that improves the overall quality of the service being provided.

Signature Health is always working to address administrative costs and developing efficiencies to offset rising expenses. To further reduce administrative overhead, Signature Health plans to deploy additional technology to allow the agency to expand service provision without expanding administrative overhead at the same pace. Signature Health has introduced an electronic records system to enhance treatment planning, enable e-prescribing, integrated scheduling, and integrated billing. This system allows treatment providers with a system that improves the overall quality of the service being provided.

#### **b. Audit**

Signature Health is annually audited by an independent Certified Public Accountant using A-133 governmental auditing standards. A copy of the most recently completed audit, which for is calendar year 2019, is included in Appendix 3. Signature Health is currently undergoing its audit for calendar year 2020.

#### **c. Fee Schedule**

Signature Health uses the Lake County ADAMHS Board's Fee Schedule. See Appendix 4 - Signature Health Fee Schedule.

#### **d. Uniform Cost Report Budget**

The Uniform Cost Report can be found in Appendix 4.

#### **e. Grant Revenue and Grant Expense**

Grant revenue and grant expense budgets for each grant program are included with Program Summaries.

**f. Purchase of Services (POS)**

Signature Health's proposed (projected) number of units for each billing code are included in the Proposal Form and Program Summaries.

**Clinical/Quality Guidance**

**11. Describe how the organization will incorporate/comply with the Lake County ADAMHS Board's clinical and quality indicators, including:**

**a. ADAMHS Board Strategies/Goals**

Signature Health's recent and planned initiatives align with several of the Lake County ADAMHS Board's strategies as explained below.

- Outreach (Priority #2) – By promoting Signature Health's Willoughby location on the west end of Lake County, the agency strives to make the community aware that behavioral healthcare is readily available outside Painesville on the west end of the County. The organization's marketing team continues to expand and make outreach into the community. The senior manager of marketing leads a team that promotes Signature Health internally and through the website, social media channels, public relations, and much more. Recently, a marketing and communications strategist was hired, and a digital marketing specialist position is available.
- Substance Abuse Detox Services (Priority #4) – Signature Health has expanded its detox services. The behavioral health liaison program leads an alcohol withdrawal management service in Lake County for dozens of individuals. A 16-bed residential facility will open this fiscal year. It will offer residential treatment including detox and MAT. A new health record system will give Signature Health the opportunity to improve access to Detox and MAT for patients.
- Integration of Physical and Behavioral Health (Priority #5) - The integration of services continues to be a high priority for Signature Health. Behavioral health consultant positions are integrated with primary care. The patient navigator program is being launched in the coming months to assure proper coordination of services. In an effort to provide comprehensive, holistic treatment for patients most at risk of comorbid health conditions, organizational leadership measures and monitors the proportion of patients who receive multiple Signature Health services.
- Technology (Priority #6) - Signature Health has purchased, and is implementing a new electronic health record that will allow the agency to consolidate primary care and behavioral health into one system. By investing in the electronic health record system, Signature Health will be positioned for the future of behavioral health care/primary care integration. More so, the agency rapidly transitioned to

telehealth services in the last year. Telehealth will remain a focus point for the organization as patients desire convenience. Providing virtual care also helps Signature Health's clinicians work more efficiently.

- **Special Populations (Priority #7)** – The organization is committed to offering easily accessible and culturally-aware services to all individuals including African American and Hispanic people. Organization wide, Signature Health served nearly 8,000 African American individuals and more than 2,000 Hispanic or Latino individuals in 2020. At the beginning of the year, the Board of Directors adopted a diversity, equity, and inclusion plan to provide high quality effective, equitable, health literate and culturally humble mental health, addiction recovery and primary care services that promote health and contribute to the elimination of racial, ethnic and other institutional health disparities. The plan recognizes that it takes diversity of thought, culture, background and perspective to foster a world without health disparities.
- **Youth (Priority #8)** - Starting out as a prevention agency, Signature Health continues to work with school systems and both the Juvenile and Adult courts. Signature Health continues its involvement with FAST (Families and Schools Together), a researched-based best practice approach to prevention. Expanding school-based services at the Wickliffe Family Resource Center is one of the agency's goals in the coming year. Services provided by the Family Planning Association will continue to teach prevention and life skills development to youth in the County.

Signature Health's formal affiliation agreements are included in Appendix 1.

**b. Recovery Oriented Systems of Care and Coordinated Centers of Excellence**

Signature Health continues to infuse recovery concepts into the agency. The agency has improved access to recovery resources via CPST workers, extended office hours through the development of the ACCESS Clinic, and walk-in case management and diagnostic assessments. Embracing the mind-body connection to recovery, the wellness program assists clients in a total recovery program, teaching them how to maintain a healthy and active lifestyle.

Signature Health trains staff on a regular basis on the topic of recovery and resilience. When gathering in groups is safe, Signature Health will resume the offering of training events for continuing education. This effort is also a topic of individual supervision meetings.

Consumer activities are offered to patients with opportunities to explore new interests, share their opinions, meet new friends and stay connected to old friends. Consumer activities help to increase self-sufficiency and improve quality of life which are important steps along the journey of recovery. Signature Health hosts Signature Connectors which are weekly, peer-led groups promoting hobbies and activities including bingo, crocheting,



movies, and arts and crafts. The Connectors group is a daily group offered to consumers to provide various activities, which support healthy use of their time while strengthening their relationships. The agency has developed WRAP groups in Lake County and have supported clients in getting involved in the community by facilitating volunteer opportunities.

Signature Health continues to educate consumers, family members, the community and professionals through newspaper articles and community outreach. The agency encourages consumers to participate in a consumer advisory committee, holding the agency accountable for implementing suggestions and recovery concepts.

Signature Health continues to expand its integrated care model. Renovations on an expanded facility in Painesville are nearing completion. The new facility will include primary care, comprehensive behavioral health, dental services, a pharmacy, and more. Both the Willoughby and Painesville offices use a POD concept, which integrates doctors, nurses, and behavioral health specialists. Signature Health has extensive medical staff (MD, DO, CNP, PA) that manage the physical healthcare needs of clients. The Lake County offices are equipped with exam rooms and a lab. The agency has a primary care providers located in these offices five days per week.

### **c. Priority Populations**

Signature Health emphasizes treatment and prevention and has a long history of treating the Lake County ADAMHS Board's priority populations listed below.

An array of programs are tailored to adults with mental illness and chemical dependency including counseling, case management, intensive outpatient treatment, and more. Those experiencing chemical dependency can utilize residential treatment, detox, medication assisted treatment, intensive outpatient treatment, counseling, and more.

- Severely mentally disabled adults/adults with severe and persistent mental illness
- Severely emotionally disturbed children/adolescents
- Persons who are at risk of, or are currently receiving, local or state inpatient psychiatric care. *Behavioral health liaison program coordinates care for patients at the state hospital, Tripoint, and Lake West.*
- Adults/youth experiencing substance use/abuse issues (including but not limited to opiates)
- Mentally ill and/or chemically dependent adults/youth
- Mentally ill and/or chemically dependent individuals who are homeless or at risk of homelessness. *Signature Health provided care to more than 300 individuals experiencing homelessness in 2020.*
- Adults and youth who are involved with the adult/juvenile criminal justice systems/re-entry. *Behavioral health liaison program coordinates care for patients in the Lake County Probate Court.*
- Women and children who are directly impacted by domestic violence and other abusing situations such as sexual/physical abuse

- Individuals who are in immediate crisis/emergency situations. *Signature Health hopes to partner with the Lake County ADAMHS Board for a crisis response center.*

#### **d. Compass Line**

Signature Health cooperates fully with the Compass Line, providing a designated contact person conducting daily communication, providing information and referral, appointment scheduling, and necessary follow-up information. Signature Health conducts all required communications as requested by the Compass Line policy including the submission of current wait times for services and/or intake, twice per month.

#### **e. Quality Improvement**

Signature Health's calendar year 2021 quality improvement plan is included in Appendix 7. Signature Health will make and keep quality improvement plan and activities congruent with the Board's quality improvement plan, implementing new changes within the prescribed 60-day timeframe for new changes.

### **12. Provider Continuing Quality Improvement**

Heather Harrington, CNM, CPHQ is Signature Health's Director of Clinical Quality. Heather develops and implements the organization's Quality Improvement Program. Her contact information is listed on the primary contact list. Heather reports the agency's quality improvement activities at least annually.

### **13. Wait Times**

Signature Health is focused on eliminating barriers to care for patients. There is an unwavering commitment to the agency tagline "*when you need help now.*" If someone reaches a turning point, realizing they need to get help, it's extremely important that they shouldn't have to wait weeks to be seen. Instead, they should be able to walk right in and see a provider the moment they need to. Signature Health's Access Clinic provides same day or next day assessment appointments. Walk-in assessments are available in Lake County five days per week during normal business hours. To further ensure ease of access, the agency offers expanded office hours: open until 8pm Monday through Thursday, 5pm on Friday and on Saturdays until 2pm.

Although services are offered and available to clients on a same day/next day basis, often that is not the choice of the client. The following table lists the average number of days clients actually waited to receive services, as measured by the third next available appointment:

<b>Board Funded Program</b>	<b>Average Wait Times (Days)</b>
MH Evaluation and Management	10
MH Psych Diagnostic Evaluation without Medical (Diagnostic Assessment)	< 1
MH Psychotherapy Individual	5
MH CPST	4
SUD Psych Diagnostic Evaluation without Medical	< 1
SUD Ambulatory Detox	No wait
SUD Residential Treatment	N/A
SUD Case Management	2
SUD Group Counseling	5
SUD Individual Counseling	5
SUD Intensive Outpatient	4
SUD Urine Screens	No wait
BH Liaison and Transitional Detox	N/A
Perinatal Depression	No wait
Wellness	< 1
Prevention	N/A
Life Skills Development	N/A
Wrap Around Services	N/A

#### **14. Crisis Intervention Services**

Signature Health is certified to provide crisis intervention and is the crisis intervention provider in Ashtabula County. In Lake County, Signature Health has affiliation agreements with Lake Health and Crossroads Health. See Appendix 1 for these agreements.

#### **15. Health Officers**

Signature Health is a non-Medicaid clinical contract provider and have the opportunity to submit staff members for consideration as health officers. The following staff members would be submitted as a part of a slate of candidates for Lake County Health Officers:

All prescribers	Jim Workman, PCC
Adrian Springfield, LISW-S	Katy Varga, LISW-S
John Kozelji, LISW-S	Patty Smith, LISW-S
Aleesha Milliman, LISW, CDCA	Laure Ferrante, PCC-S
Larissa Minch, MS, LPC	Krista Hiner, PCC-S
Sara November, LISW-S	Terri Notte, PCC-S
Michael Rodio, PCC-S	Rachel Fabian, LSN
Christin Carrabine, LPCC-S	Lindsey Vargo, LISW
Michele Radovanic-Lajara, RN	Amelia Serio, LPC
Mary Kozina, LISW-S	Dan Rowles, LISW
Amanda Collins, PCC	Jim Taddeo, RN

**Program Narratives**

16. The following section includes a program cover sheet, program summary, and (for grant programs only) grant revenue budget and grant expense budget. Full program narratives are not included because there have not been substantial changes in the programs since the FY 2020 RFP. If the Board desires further information about any program, Signature Health would be happy to provide it promptly upon request.

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services \_\_\_\_\_

**PROGRAM NAME:** Mental Health Evaluation and Management \_\_\_\_\_



**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	MH Evaluation and Management
<b>Target Population</b>	Children/Adults with Mental Illness
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	359
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	478
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	300
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	557
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	315
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	550
<b>Number of Direct Service Staff Dedicated to Program</b>	18
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	2
<b>Total anticipated program cost</b>	\$20,794,813
<b>Total program funding request from ADAMHS Board</b>	\$43,240
<b>ADAMHS as % of total program funding</b>	.21%
<b>Wait time for SFY21</b>	10 days
<b>Projected wait time for SFY22</b>	10 days
<b>Brief Program Description (300 words or less)</b> The goal of evaluation and management services is to provide high quality diagnostic evaluation services to individuals contacting Signature Health for assistance with mental health symptom management. The objective is to evaluate the nature and extent of the patient's mental health symptoms and presenting problems. Staff members	

gather information during the session(s), use the current ICD format to diagnose mental health disorders and develop initial treatment recommendations that are used to formulate the individualized service plan (ISP).

Diagnostic evaluations are face-to-face sessions conducted by a physician / prescriber. These sessions can include family members, legal guardians and significant others when the intended outcome is to provide the physician / prescriber with complete information regarding the severity of the presenting problem, medical history and associated contributing factors.

Most psychiatric diagnostic evaluations are provided onsite but they may be provided with the natural environment of the patient (home, school, job site, etc.) or via telehealth. When meeting off-site, the diagnostic evaluation is provided in a manner to ensure the patient's privacy and dignity.

**Top 3-5 Measurable Goals for Program in SFY2021**

**Describe Achievement of SFY2021 Goals/Barriers to Success**

Signature Health rapidly transitioned to telehealth due to COVID. The psychiatry team made this switch to the Doxy platform within a week. After a brief dip in productivity, the psychiatry team actually improved productivity to levels higher than pre-pandemic. In summary, telehealth has given our team the capability to see more patients than before the pandemic. After the initial transition, Signature Health surveyed both our providers and patients to get feedback on telehealth. Based on results, our EHR team improved workflows for providers and staff were educated in areas of confusion.

The Psychiatry Quality Improvement Committee developed best practices for psychiatric emergencies in a telehealth environment. This guidance was implemented within Signature Health and shared with local law enforcement agencies.

In the last few months, the psychiatry team has been preparing for the organization's shift to a new electronic health record system, Epic.

**Top 3-5 Measurable Goals for Program in SFY2022**

1. Increase the number of psychiatric providers (including child/adolescent psychiatry) in Lake County by September 30, 2022.
2. Increase the number of patients receiving Board-funded evaluation and management services by 5% from 300 to 315.
3. Improve wait time for evaluation and management appointment from 10 days to 8 days (20% decrease). This will be measured by looking at the third next available appointment, a metric recommended by the Institute for Healthcare Improvement to accurately measure appointment availability.

**Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program**

99212/99213/99214/99215

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services \_\_\_\_\_

**PROGRAM NAME:** Mental Health Psychiatric Diagnostic Evaluation without Medical \_\_\_\_\_

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	MH Psychiatric Diagnostic Evaluation without Medical
<b>Target Population</b>	Children/Adults with Mental Illness
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	72
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	42
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	46
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	36
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	50
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	40
<b>Number of Direct Service Staff Dedicated to Program</b>	15
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	2
<b>Total anticipated program cost</b>	\$962,171
<b>Total program funding request from ADAMHS Board</b>	\$4,010
<b>ADAMHS as % of total program funding</b>	.42%
<b>Wait time for SFY21</b>	< 1 day
<b>Projected wait time for SFY22</b>	< 1 day
<b>Brief Program Description (300 words or less)</b>	

The goal of Signature Health's psychiatric diagnostic evaluations (Assessments) is to provide high quality assessment and referral services to individuals contacting the agency for assistance with mental health and personal life problems.

Objectives for Assessments include:

- Evaluating the nature and extent of the patient's mental health problems. From the information gathered, to diagnose assigning the ICD format currently in use and develop initial treatment recommendations
- Evaluating the nature and extent of personal, emotional or relationship problems rooted in living with or growing up in a home with mental illness or in an alcoholic or drug-dependent home and to develop initial treatment recommendations
- Admitting to recovery services program those patients who are appropriate for services at the agency as defined in the Utilization Review Admission Criteria and ASAM level of care criteria

Assessments are usually conducted in one session and limited to five sessions. Most assessments are provided at onsite but they may be provided with the natural environment of the patient (i.e. home, school, job site, etc.) or via telehealth. When meeting off-site, the counselor must assure the same level of privacy available at the office. Family members are encouraged to be a part of the assessment process. Collateral contacts, including family members, may be necessary to join the full picture necessary to be able to assess the nature and extent of the patient's problems.

#### **Top 3-5 Measurable Goals for Program in SFY2021**

Introduce the Basis-24 assessment tool at Willoughby and Painesville locations to check for severity of MH issues including suicide ideation.  
Begin assessing primary care needs of clients.

#### **Describe Achievement of SFY2021 Goals/Barriers to Success**

Implemented Telehealth due to COVID-19. Show rates increased significantly with the conversion to Telehealth, so more clients were seen for assessments.  
We had to suspend administration of the Basis-24 for Telehealth visits due to technological barriers.

#### **Top 3-5 Measurable Goals for Program in SFY2022**

1. Begin using Columbia Suicide Severity Rating Scale to identify clients at risk of suicide. Begin pilot at all sites Q1 of SFY 2022.
2. Ensure same-day access to MH diagnostic assessments by maintaining a wait time of less than 1 day. Measured by third next available appointment.
3. Implement new EHR (Epic) which has the ability to enhance communication with clients via My Chart. Implementation, training, and ongoing support will occur at the end of SFY 2021 and Q1 of SFY 2022.
4. Re-introduce the BASIS 24 Assessment in Epic.
5. Implement MyChart portal during the SFY which will increase patient engagement, scheduling, and access to health information.

#### **Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program**

90791



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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:**    General Services \_\_\_\_\_

**PROGRAM NAME:**    Mental Health Psychotherapy Individual \_\_\_\_\_

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	MH Psychotherapy Individual
<b>Target Population</b>	Children/Adults with Mental Illness
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	364
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	797
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	340
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	1,240
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	330
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	1,200
<b>Number of Direct Service Staff Dedicated to Program</b>	79
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	8
<b>Total anticipated program cost</b>	\$12,237,138
<b>Total program funding request from ADAMHS Board</b>	\$75,010
<b>ADAMHS as % of total program funding</b>	.61%
<b>Wait time for SFY21</b>	5 days
<b>Projected wait time for SFY22</b>	5 days
<b>Brief Program Description (300 words or less)</b> Individual counseling is treatment-oriented and time-limited, as defined by the utilization review process. Therapy is done using best practices. All counseling interventions are goal-directed and be congruent with the goals and objectives stated in	

the patient's Individual Service Plan. Electronic records maintain a client's ongoing goals and objectives.
There are a variety of individual counseling therapies utilized by staff including: Insight Oriented Art Therapy, Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Reality Therapy, Rational Emotive Behavioral Therapy (REBT), Eye Movement Desensitization Reprocessing (EMDR), Marriage and Family Counseling and Motivational interviewing (MI).
In addition, there are a variety of other individual and group counseling options available to our patients including: Anger Management, Art Therapy, Wellness Recovery Action Plan (WRAP); Meditation, Love and Logic Parenting, Good Grief, Working Through Trauma (Women only), Healthy Family Dynamics and Adult Social Skills Group.
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
Continue to train staff in EMDR therapy for trauma clients. Continue peer review to improve treatment planning and service documentation. Expand the Signature Health transportation program to improve client show rates and decrease client wait time for transportation home.
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
Due to COVID-19, we were not able to offer EMDR training this year. Peer reviews continued to be an important part of quality improvement efforts. The transportation program helped hundreds of patients attend their in-person appointments.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. Improve provider education and response to: <ol style="list-style-type: none"> <li>a. Basis-24 assessment which will be integrated in Epic EHR through Ochin, our health center network, by December, 2021;</li> <li>b. Columbia Suicide Severity Rating Scale with a focus on response to elevated self-harm and suicide risk. Will begin at all site in SFY 2022Q1.</li> </ol> </li> <li>2. Conduct peer reviews, utilization reviews, and medical record audits to improve quality of clinical documentation and assess for medical necessity.</li> <li>3. Decrease wait time for individual psychotherapy appointments (Baseline is 5 days using third next available appointment).</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
Codes: 90832/90834/90837/90853 Modifiers: U2/U4/U5/U3/U1/U9/U8/UA/U7

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION: CPST** \_\_\_\_\_

**PROGRAM NAME: Mental Health CPST** \_\_\_\_\_

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	MH CPST Individual
<b>Target Population</b>	Children/Adults with Mental Illness
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	480
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	1,703
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	432
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	3,300
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	430
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	3,300
<b>Number of Direct Service Staff Dedicated to Program</b>	118
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	13
<b>Total anticipated program cost</b>	\$10,793,027
<b>Total program funding request from ADAMHS Board</b>	\$61,930
<b>ADAMHS as % of total program funding</b>	.57%
<b>Wait time for SFY21</b>	4 days
<b>Projected wait time for SFY22</b>	4 days
<b>Brief Program Description (300 words or less)</b> CPST offers many services developed to address the individual mental health and physical health needs of clients. These services are provided to children, adolescents,	



adults, and families. The services vary based on the needs of the client. The goal continues to be assisting clients to become more self-sufficient.

CPST services focus on the individual's ability to succeed in the community; to identify; access needed services and to show improvement in school, work and family and integration and contributions within the community. The goal is to assist in the reduction of psychiatric symptoms and support the patient in achieving their highest level of functioning. The program's philosophy encourages recovery, empowerment and the development of self-management skills.

Activities of CPST services consist of:

- On-going assessment of needs
- Assistance in achieving personal independence in managing basic needs as identified by the individual and / or parent or guardian
- Facilitation of further development of daily living skills when identified by the individual and / or parent or guardian
- Symptom monitoring; coordination of the individualized service plan (ISP)
- Coordination and / or assistance in crisis management and stabilization as needed
- Advocacy and outreach; education and training specific to the individuals assessed needs, abilities and readiness to learn delivered to the patient / or family, as appropriate
- Mental health interventions that address symptoms, behaviors, thought processes, etc. that assist an individual in eliminating barriers to seeking or maintaining education and employment
- Activities that increase the individual's capacity to positively impact his / her own environment

**Top 3-5 Measurable Goals for Program in SFY2021**

Introduce a new incentive program for case managers to share in the transportation of clients to improve show rates for services.

Increase the talent search for new case managers.

**Describe Achievement of SFY2021 Goals/Barriers to Success**

The new transportation incentive program was implemented in September 2020, however, COVID-19 was a barrier to CPST providing transportation due to changes in safety protocols and inability to meet with clients face-to-face.

**Top 3-5 Measurable Goals for Program in SFY2022**

1. Decrease wait time for MH CPST appointments (Baseline is 4 days using third next available appointment metric).
2. Increase # of transports per CPST to improve linkage to all services, including BH, primary care and infectious disease (Baseline: average of 33 transports per CPST in last 12 months)
3. Increase # of encounters per patient to keep clients engaged in services and prevent attrition (Baseline is 8 encounters per patient in the last 12 months).

**Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program**

Codes: H0036/H2017/H2019

Modifiers: HQ/U2/U5/U5/U1/U9/U8/UA/U7/H9/HN/HM

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services

**PROGRAM NAME:** SUD Psychiatric Diagnostic Evaluation without Medical

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	SUD Psychiatric Diagnostic Evaluation without Medical
<b>Target Population</b>	Adults with Chemical Dependency
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	20
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	12
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	13
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	13
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	15
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	15
<b>Number of Direct Service Staff Dedicated to Program</b>	11
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	1
<b>Total anticipated program cost</b>	\$815,616
<b>Total program funding request from ADAMHS Board</b>	\$1,650
<b>ADAMHS as % of total program funding</b>	.2%
<b>Wait time for SFY21</b>	< 1 day
<b>Projected wait time for SFY22</b>	< 1 day
<b>Brief Program Description (300 words or less)</b> The goal of Signature Health's psychiatric diagnostic evaluations (Assessments) is to provide high quality assessment and referral services to individuals contacting the agency for assistance with substance abuse and chemical dependency issues. Assessments are done using Motivational Interviewing (best practice). The goal of the	

assessment is to establish opiate use disorder, review admission criteria, provide program requirements, sign an ROI and request for records, and referral to the MAT Coordinator.

Objectives for Assessments include:

- Evaluating the nature and extent of the patient's behavioral health problems including abuse, misuse and / or addiction to alcohol and / or other drugs. From the information gathered, to diagnose assigning the ICD format currently in use and develop initial treatment recommendations
- Evaluating the nature and extent of personal, emotional or relationship problems rooted in living with or growing up in a home with mental illness or in an alcoholic or drug-dependent home and to develop initial treatment recommendations
- Admitting to recovery services program those patients who are appropriate for services at the agency as defined in the Utilization Review Admission Criteria and ASAM level of care criteria

Assessments are usually conducted in one session and limited to five sessions. Most assessments are provided at onsite but they may be provided with the natural environment of the patient (i.e. home, school, job site, etc.) or via telehealth. When meeting off-site, the counselor must assure the same level of privacy available at the office. Family members are encouraged to be a part of the assessment process. Collateral contacts, including family members, may be necessary to join the full picture necessary to be able to assess the nature and extent of the patient's problems.

**Top 3-5 Measurable Goals for Program in SFY2021**

Continue to offer walk in assessments.

Train intake staff on the services of the residential facility.

Integrate the residential facility as a referral source for patients.

**Describe Achievement of SFY2021 Goals/Barriers to Success**

Unable to administer Basis-24 during Telehealth appointments.

**Top 3-5 Measurable Goals for Program in SFY2022**

1. Begin using Columbia Suicide Severity Rating Scale in Q1 SFY2022 to identify and treat patients at risk of suicide.
2. Ensure same-day access to SUD diagnostic assessments by maintaining a wait time of less than 1 day. Measured by third next available appointment.
3. Integrate the residential treatment facility as a referral source for patients who need in-patient level of care. Residential treatment facility will open in Lake County this fiscal year.

**Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program**

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services \_\_\_\_\_

**PROGRAM NAME:** SUD Individual Counseling \_\_\_\_\_



**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	SUD Individual Counseling
<b>Target Population</b>	Adults with Chemical Dependency
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	54
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	114
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	48
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	194
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	50
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	200
<b>Number of Direct Service Staff Dedicated to Program</b>	33
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	4
<b>Total anticipated program cost</b>	\$1,200,496
<b>Total program funding request from ADAMHS Board</b>	\$10,120
<b>ADAMHS as % of total program funding</b>	.84%
<b>Wait time for SFY21</b>	5 days
<b>Projected wait time for SFY22</b>	5 days
<b>Brief Program Description (300 words or less)</b> Individual counseling is provided throughout the SUD program. All counseling sessions are goal-directed and congruent with the goals and objectives of the patient's treatment plan. Counseling is conducted onsite or via telehealth. In all environments, it	

is essential that individual and group counseling be provided in a manner to ensure the patient's privacy and dignity. Electronic records maintain a patient's ongoing goals and objectives.
All therapists use best practice approaches and follow the norms of the utilization review plan. There are a variety of individual counseling therapies utilized by staff including: Insight Oriented Art Therapy, Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Reality Therapy, Rational Emotive Behavioral Therapy (REBT), Eye Movement Desensitization Reprocessing (EMDR), Marriage and Family Counseling and Motivational interviewing (MI).
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
Increase referrals to Primary Care to address the many needs of the clients. Utilize the new position of Patient Navigators into the system to assure proper coordination of services.
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
COVID prevented us from initiating the Patient Navigator program. This program will begin this year, however.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. Improve provider education and response to: <ol style="list-style-type: none"> <li>a. Basis-24 assessment which will be integrated in Epic EHR through Ochin, our health center network, by December, 2021;</li> <li>b. Columbia Suicide Severity Rating Scale with a focus on response to elevated self-harm and suicide risk. Will begin at all site in SFY 2022Q1.</li> </ol> </li> <li>2. Decrease wait time for SUD individual counseling appointments (Baseline is 5 days using third next available appointment).</li> <li>3. Increase the proportion of patients who receive multiple Signature Health services in an effort to provide comprehensive, holistic treatment for patients most at risk of comorbid health conditions and infectious diseases (Baseline is 56% of patients).</li> <li>4. Utilize the new position of Patient Navigators to assure proper coordination of services. Goal to start by December 31, 2022.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
Code: H0004/90832/90834/90837/90853 Modifiers: U2/U4/U5/U3/U1/U9/UA/U6/U7

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services \_\_\_\_\_

**PROGRAM NAME:** SUD Group Counseling \_\_\_\_\_

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	SUD Group Counseling (including Anger Management)
<b>Target Population</b>	Adults with Chemical Dependency
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	35
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	521
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	25
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	932
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	40
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	925
<b>Number of Direct Service Staff Dedicated to Program</b>	7
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	1
<b>Total anticipated program cost</b>	\$418,311
<b>Total program funding request from ADAMHS Board</b>	\$6,520
<b>ADAMHS as % of total program funding</b>	1.56%
<b>Wait time for SFY21</b>	5 days
<b>Projected wait time for SFY22</b>	5 days
<b>Brief Program Description (300 words or less)</b>	

Signature Health provides group counseling services which consist of face-to-face sessions that work toward attainment of patient's goals. Counseling interventions are goal-directed and be congruent with the goals and objectives stated in the patient's ISP.
Group therapy is provided for anger management, recovery skills, art therapy, DBT, CBT (specialized best practice) focused groups. This is done in conjunction with or after IOP services are provided.
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
Integrate the new Electronic Health Record.
Continue to offer training to staff through the Signature Health Training series.
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
Implementation of new EHR was postponed to May 2021.
Did not offer training series due to COVID-19.
SH was able to continue to provide group therapy to clients with a hybrid of virtual (call-in) and in-person services.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. Increase in-person groups when it is safe to do so; increase number of Lake ADAMHS-funded patients served in groups by 60% from 25 to 40 patients.</li> <li>2. Implement Epic in Q4 SFY 2021/Q1 SFY 2022 to improve clinical documentation;</li> <li>3. Enhance communication between clients and providers via use of MyChart. MyChart will be implemented during SFY 2022.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
Code: H0005
Modifiers: HK/U2/U4/U5/U3/U1/U9/UA/U6/U7



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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** SUD Case Management Service

**PROGRAM NAME:** SUD Case Management

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	SUD Case Management
<b>Target Population</b>	Adults with Chemical Dependency
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	82
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	48
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	42
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	31
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	42
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	30
<b>Number of Direct Service Staff Dedicated to Program</b>	29
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	3
<b>Total anticipated program cost</b>	\$943,714
<b>Total program funding request from ADAMHS Board</b>	\$770
<b>ADAMHS as % of total program funding</b>	.08%
<b>Wait time for SFY21</b>	2 days
<b>Projected wait time for SFY22</b>	2 days
<b>Brief Program Description (300 words or less)</b> Case management offers many services developed to address the individual mental health/recovery needs and physical health needs of clients in the SUD program. The	

services vary depending on the needs of the client. Case managers familiar with the recovery needs/programs are used in this program.
Case management services focus on assisting the patient in accessing needed services and changing their lifestyle. Since addiction may affect many areas of an individual's life, case management services may include interactions with family members, other individuals or community entities. Case management activities provide assistance and support to patient in gaining access to much needed medical, social, educational, vocational / occupational, psychological and other treatment services, as well as services essential to meeting the basic human needs.
Case management is delivered by telephone/telehealth or in person (face-to-face).
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
Case managers will take a more active role in providing transportation to the SUD when needed. Additional supervision will be provided by RN nursing supervisors.
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
The new transportation incentive program was implemented in September 2020, however, COVID-19 was a barrier to CPST providing transportation due to changes in safety protocols and inability to meet with clients face-to-face. Supervision and oversight of SUD case management occurs through frequent collaborative meetings with inter-disciplinary MAT team, including RN supervisors, counselors, prescribers, etc.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. Decrease wait time for SUD Case Management appointments (baseline is two days using third next available appointment).</li> <li>2. Increase # of transports per CPST to improve linkage to all services, including BH, primary care and infectious disease (Baseline: average of 33 transports per CPST in last 12 months)</li> <li>3. Increase # of encounters per patient to keep clients engaged in services and prevent attrition. (Baseline is 12.5 encounters per patient in the last 12 months).</li> <li>4. Promote SUD case managers to obtain additional training in SUD, including Chemical Dependency Counselor Assistant (CDCA) licensure. Recruit SUD case managers with CDCA or equivalent training. Will be measured by number of case managers with CDCA licensure.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
Codes: T1002, T1003, H0006 Modifiers: U2/U4/U5/U3/U1/U9/U8/U6/UA/U7/HM/HO/MN

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services \_\_\_\_\_

**PROGRAM NAME:** SUD Urine Screen \_\_\_\_\_

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	SUD Urine Drug Screen
<b>Target Population</b>	Adults with Chemical Dependency
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	83
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	81
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	42
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	58
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	45
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	60
<b>Number of Direct Service Staff Dedicated to Program</b>	14
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	1
<b>Total anticipated program cost</b>	\$528,083
<b>Total program funding request from ADAMHS Board</b>	\$840
<b>ADAMHS as % of total program funding</b>	.16%
<b>Wait time for SFY21</b>	No wait
<b>Projected wait time for SFY22</b>	No wait
<b>Brief Program Description (300 words or less)</b> The urine screen testing process assists in the management of a patient with chemical dependency who is involved in care through MAT, intensive outpatient services, and	



substance use disorder initial assessments. The drug screen is a tool used along with clinical judgement in the management of a chemically dependent client.

The purposes of collecting urine screens are:

- Having objective data that supports patient's claim of abstinence
- Quantifying frequency and amount of use
- Monitoring abstinence or possible relapse of drug use while participating in IOP
- Monitoring compliance to treatment and minimizing the potential for illegal diversion of the MAT medication while in treatment

Urine screens are used to see if a patient continues to use non-prescribed drugs, does not take a prescribed drug, or chooses not to comply with testing procedures (i.e., patient substituting his/her urine with fake urine/friend's urine or dilutes his/her urine to hide the presence of drugs). Signature Health's Clinical Laboratory manages the drug screening process from ordering the test, to collection of the test, to processing the sample, to completing and interpreting the test results.

Urine screening at the time of induction to MAT measures other opiates competing with the prescribed treatment medication. Patients are subject to observed or unobserved random drug screens while in treatment. Frequency of random urine screen testing is done at the discretion of the treatment team and may or may not be the result of suspected non-compliance.

#### **Top 3-5 Measurable Goals for Program in SFY2021**

Continue to expand the urine screening program.

Continue to evaluate the program using the data gathered by the analysts.

Ongoing staff training.

#### **Describe Achievement of SFY2021 Goals/Barriers to Success**

COVID-19 reduced the number of urine drug screens being performed at Signature Health. The safety of the patients and staff were of utmost importance so urine drug testing was being done for much of 2020 only if the results would change the course of treatment.

With the change to a new medical record forthcoming, Signature Health has been looking at our drug testing policy. This will give more consistency in drug testing, decrease unnecessary urine drug tests, and lead to more randomization and useful data.

#### **Top 3-5 Measurable Goals for Program in SFY2022**

1. All Signature Health sites that provide MAT treatment will implement UDT orders in Epic that allow for delegation by trained staff.
2. Signature Health will build note templates that pull in urine drug screen results so providers are aware of when the last screen was done and easily use these results in care planning.
3. Signature Health sites that provide MAT treatment will implement the Treatment Tiers function which gives guidance on how often urine drug tests should be performed.

<ol style="list-style-type: none"><li>4. Percentage of individuals with an active prescription for buprenorphine who test positive for both buprenorphine and norbuprenorphine on a urine drug tests; establish baseline and monitor/improve as needed.</li><li>5. Monitor percentage of individuals newly enrolled in Medication Assisted Treatment (MAT) who test negative for illicit opioids during weeks 4 through 8 of treatment</li></ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
Code: H0048 Modifiers: U4/U5/U2/U3/U1/U9/U8/UA/U6/U7/HM/HN/HO

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services \_\_\_\_\_

**PROGRAM NAME:** SUD Intensive Outpatient \_\_\_\_\_

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	SUD Intensive Outpatient
<b>Target Population</b>	Adults with Chemical Dependency
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	34
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	250
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	23
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	230
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	25
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	230
<b>Number of Direct Service Staff Dedicated to Program</b>	9
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	1
<b>Total anticipated program cost</b>	\$4,673,550
<b>Total program funding request from ADAMHS Board</b>	\$27,870
<b>ADAMHS as % of total program funding</b>	.60%
<b>Wait time for SFY21</b>	4 days
<b>Projected wait time for SFY22</b>	4 days
<b>Brief Program Description (300 words or less)</b> The Substance Use Disorder IOP program is a structured, scheduled, abstinence- based program that requires 12-step meeting attendance. This service is offered to adults with substance abuse or chemical dependency issues. The focus is achieving a chemical-free	

lifestyle. Best practice treatment models used include MI, CBT, and DBT. Treatment services are provided by appropriately licensed counselors. The program is offered three to five days per week, three hours per day and includes some evening program hours.
The Intensive Outpatient (IOP) program includes group therapy, education, random urine screening, family involvement, and aftercare. Groups are offered at convenient times in the morning, afternoon, and evening. Group therapy is designed to utilize the dynamics and support of group members to assist the patient in addressing his or her identified problems to achieve goals and objectives stated in the patient's individualized service plan. Group therapy is conducted during each IOP session for 90 minutes.
The education component is covered in each session for 90 minutes and covers several topics such as relapse prevention, medical aspects of addiction, co-dependency, effective communication skill development, anger management, interpersonal relationship skill development and other topics designed to assist patients to achieve their recovery goals.
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
Incorporate a new centralized call center to increase access to treatment. Offer the CIP (Comprehensive Improvement Plan) to increase productivity. Coordinate the new Electronic Health Record when it goes live.
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
Call Center was implemented, which helped streamline referrals and improve access to services. CIP was implemented and productivity increased. Implementation of new EHR was postponed to May 2021. SH was able to continue to provide IOP to clients with a hybrid of virtual (call-in) and in-person services.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. Increase number of in-person groups offered when it is safe to do so; increase number of clients served in IOP (FY21 baseline of 23 patients).</li> <li>2. Implement Epic in Q4 FY 2021 and Q1 FY 2022 to improve clinical documentation, quality, reporting, and care coordination.</li> <li>3. Enhance communication between patients and providers via use of MyChart during the SFY.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
Code: H0015 Modifiers: HK/U4/U5/U2/U3/U1/U9/UA/U6/U7



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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** Residential (will be certified by OMHAS prior to opening facility)

**PROGRAM NAME:** SUD Residential Treatment

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	SUD Residential Treatment
<b>Target Population</b>	Adults with Chemical Dependency
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	0
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	0
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	0
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	0
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	80
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	80
<b>Number of Direct Service Staff Dedicated to Program</b>	21.05 FTE
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	2.0 FTE
<b>Total anticipated program cost</b>	\$2,107,022
<b>Total program funding request from ADAMHS Board</b>	\$200,100
<b>ADAMHS as % of total program funding</b>	9.5%
<b>Wait time for SFY21</b>	N/A
<b>Projected wait time for SFY22</b>	No wait
<b>Brief Program Description (300 words or less)</b> Provide a residential facility for chemically dependent males residing in Lake County. This 16-bed facility will provide assessment, detox and treatment. Staff will include housekeeping, counselors, nursing, and medical staff. Medication Assisted Treatment will be used when appropriate. 24-hour surveillance will be installed both internally and externally to provide for the safety of patients and staff.	

The C.H. Everett Clinic will be a place where patients who require intensive and structured treatment for emotional, psychological, behavioral and / or substance abuse problems can get the help they need. The goal of the program is to provide a positive, structured, caring environment that is conducive to individual growth and development.
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
Complete construction by the third quarter of 2019 Purchase all furniture and appliances. Complete all site visits to achieve proper facility licensure. Hire and train the staff to provide the use of best practices approach to treatment and recovery. Open the fourth quarter of 2019. Achieve full occupancy.
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
Construction on the C.H. Everett Residential Treatment Facility was completed in 2020. Signature Health purchased all furniture, equipment, and appliances for the facility. The COVID pandemic started shortly after construction finalized. This caused a delay in opening as organizational resources shifted to COVID functions, namely testing and vaccines. The facility has been added to the agency's CARF accreditation. It will be licensed by OhioMHAS by the time of opening.  Signature Health is now in the process of hiring and fully staffing the Everett Clinic. A nursing shortage has been the biggest barrier. The goal is to open the Clinic in the the coming year.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
1. Hire and train nursing staff to provide 24/7 residential coverage. 2. Open the C.H. Everett Residential Treatment Facility within the grant fiscal year. 3. Achieve full occupancy.
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
N/A

## GRANT LINE ITEM EXPENDITURE BUDGET REPORT

AGENCY: Signature Health, Inc.

FISCAL YEAR: 2022

GRANT NAME: Residential

LINE ITEMS	BUDGETED PREVIOUS FY	BUDGETED THIS FY
0.1 Salaries		\$162,190.00
0.2 Contracts & Services	\$200,000.00	
WAGES SUBTOTAL		\$162,190.00
1.1 Employer's Share PERS (FICA)		\$13,400.00
1.2 Life Insurance		
1.3 Health Insurance		\$31,900.00
1.4 Workman's Compensation		\$40.00
1.5 Unemployment Compensation		\$3,570.00
1.6 Other Fringe		
FRINGE BENEFITS SUBTOTAL		\$57,910.00
2.1 Housekeeping		
2.2 Educational/Recreational		
2.3 Drugs		
2.4 Medical, Lab & Therapeutic		
2.5 Food		
2.6 Personal Hygiene		
OPERATING SUPPLIES SUBTOTAL		
3.1 Publications, Pamphlets, etc.		
3.2 Printing		
3.3 Dues & Registration		
3.4 Equipment Repairs		
3.5 Recruitment & Advertising		
OPERATING EXPENSES SUBTOTAL		
4.1 Telephone		
4.2 Postage		
4.3 Office Supplies		
4.4 Equipment Rentals		
OFFICE EXPENSES SUBTOTAL		
5.1 Auto Repair, Maint, Ins, Etc.		
5.2 In-State Travel		
5.3 Out-Of-State Travel		
TRAVEL EXPENSES SUBTOTAL		
6.1 Building Repairs, Maint		
6.2 Utilities		
6.3 Rent (include in-kind)		
6.4 Insurance		
BUILDING EXPENSES SUBTOTAL		
7.1 Office Equipment		
7.2 Building Improvements		
7.3 Program Equipment		
7.4 Furnishings		
EQUIPMENT & IMPROV. SUBTOTAL		
8.1 Audit		
8.2 Legal		
8.3 Liability Insurance		
8.4 Tuition Reimburse/Training		
8.5 Other		
OTHER EXPENSES SUBTOTAL		
TOTAL EXPENSES		\$200,100.00

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GRANT LINE ITEM BUDGET                      REVENUE BY SOURCE

AGENCY: Signature Health, Inc                      SFY                      2022

GRANT NAME: Residential

REVENUE SOURCE		BUDGETED PREVIOUS FY	BUDGETED THIS FY
A. FEDERAL-	TITLE XX (MH Contract)		
	Title XX (Direct)		
	Lake County Title XIX (Medicaid - M)		
	Other County Title XIX (Medicaid - M)		
	Other County Title XIX (Medicaid - A)		
	Other:		
	Other:		
B. FEES	Client - Direct Pay		
	Insurance		
	Consultation & Education		
	Other:		
	Other:		
C. STATE FUNDS not through Board			
	Specify Source:		
D. FUNDING FROM LCADAMHS BOARD			
	Grant	\$200,000.00	\$200,100.00
	Purchase of Service		
	Other:		
E. FUNDING FROM OTHER ADAS/MH/ADAMHS BOARDS			
	Grant/Purchase of Service		
F. United Way (Lake)			
	United Way Services		
G. DONATIONS			
H. FUND RAISING ACTIVITY			
	FUND RAISING ACTIVITY		
I. FOUNDATION GRANT			
J. CASH TRANSFER OF INTERFUND LOAN			
K. REFUNDS & REIMBURSEMENTS			
L. MISCELLANEOUS			
	MISCELLANEOUS		
M. OTHER			
TOTALS:		\$200,000.00	\$200,100.00

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** Prevention Service

**PROGRAM NAME:** Prevention: Problem Identification and Referral

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	Supplemental BH Services: Prevention – Problem Identification and Referral
<b>Target Population</b>	Severely mentally disabled adults; adults with severe and persistent mental illness; General Population (which may include members of priority populations, especially: those who are directly impacted by domestic violence and other abusing issues such as sexual/physical abuse; individuals who are in immediate crisis/emergency situations)
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	250
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	136
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	180
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	100
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	215
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	120
<b>Number of Direct Service Staff Dedicated to Program</b>	2
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	2
<b>Total anticipated program cost</b>	\$32,520

<b>Total program funding request from ADAMHS Board</b>	\$32,520
<b>ADAMHS as % of total program funding</b>	100%
<b>Wait time for SFY21</b>	Not applicable
<b>Projected wait time for SFY22</b>	None anticipated
<p><b>Brief Program Description (300 words or less)</b></p> <p>The goal of prevention services offered by Signature Health is to reduce the incidence, prevalence, or severity of mental illness or emotional disturbance related to the psychosocial concomitants of phase of life problems or other life circumstances (DSM 5 V62.89 {Z60.0}).</p> <p>Signature Health's prevention treatment in the sexual &amp; reproductive health program is primarily based on crisis intervention theory. It is offered in short-term (one to eight) sessions and classically consists of six steps: catharsis, assessment, and focus on immediate problem, contracting, intervention/resolution and termination/integration. The literature is replete with references on the efficacy of this approach including specific studies of the six steps outlined above.</p> <p>Prenatal care prevention services include psychosocial assessment, depression screening, referral to appropriate services, and education. Clients are seen by the social services staff (LPCC-S) once during each trimester prior to transfer, unless more frequent visits are indicated.</p> <p>The federal guidelines governing Title X family planning funds prohibit refusal of services to anyone. This means that even clients who elect not to apply for Medicaid or purchase health insurance must be seen on our sliding fee scale based on their income. Assisting uninsured clients in applying for health insurance, particularly Medicaid, will ensure access to all the healthcare they need, thereby improving their sense of security and well-being. The project supported staff will assist clients with this process.</p>	
<p><b>Top 3-5 Measurable Goals for Program in SFY2021</b></p> <ol style="list-style-type: none"> <li>1. 80% of clients with a positive pregnancy test result will identify a preferred plan for resolution by final visit.</li> <li>2. 50% of clients with a negative pregnancy test result and a desire to avoid pregnancy will initiate contraception.</li> <li>3. 95% of prenatal clinic patients will have a psychosocial assessment and depression screening, with referral for appropriate services and follow-up.</li> <li>4. A minimum of 120 clients will meet with project staff to either receive information regarding Medicaid or other insurance eligibility, or receive assistance with the application process.</li> </ol>	
<p><b>Describe Achievement of SFY2021 Goals/Barriers to Success</b></p> <p>As a result of the COVID pandemic, much of the service supported by this funding has been conducted remotely. Many of the clients served have limited English proficiency, but thankfully the program has bilingual support staff, and Signature Health contracts with a service that provides interpretation. In spite of these challenges, the program has</p>	

served a significant number of clients and anticipates slightly higher numbers in the coming grant year, as we adjust to the new normal. We haven't conducted a review of charts in the current grant year, but the most recent chart review indicated that the majority of clients with positive pregnancy test results identify a preferred plan by the end of their visit. 100% of prenatal clients had a psychosocial assessment and depression screening completed. Related to the goal of 50% of clients initiating contraception, many do not return for that service, but we don't know if they obtain contraceptive care elsewhere. For this reason, we have modified the goal going forward. The number of clients needing assistance with insurance applications has been much lower than projected, and we have modified this goal as well.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. 80% of clients with a positive pregnancy test result will identify a preferred plan for resolution by final visit.</li> <li>2. 50% of clients with a negative pregnancy test result and a desire to avoid pregnancy will participate in client-centered counseling/education related to contraceptive method choice.</li> <li>3. 95% of prenatal clinic patients will have a psychosocial assessment and depression screening, with referral for appropriate services and follow-up.</li> <li>4. A minimum of 25 clients will meet with project staff to either receive information regarding Medicaid or other insurance eligibility, or receive assistance with the application process.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
N/A

## GRANT LINE ITEM EXPENDITURE BUDGET REPORT

AGENCY: Signature Health, Inc.

FISCAL YEAR: 2022

GRANT NAME: Prevention

LINE	ITEMS	BUDGETED PREVIOUS FY	BUDGETED THIS FY
0.1	Salaries	\$24,400.00	\$16,770.00
0.2	Contracts & Services		
	WAGES SUBTOTAL	\$24,400.00	\$16,770.00
1.1	Employer's Share PERS (FICA)	\$1,970.00	\$2,950.00
1.2	Life Insurance		
1.3	Health Insurance	\$7,900.00	\$0.00
1.4	Workman's Compensation	\$240.00	\$10.00
1.5	Unemployment Compensation	\$930.00	\$600.00
1.6	Other Fringe		
	FRINGE BENEFITS SUBTOTAL	\$6,390.00	\$3,560.00
2.1	Housekeeping		
2.2	Educational/Recreational	\$1,000.00	\$1,000.00
2.3	Drugs		
2.4	Medical, Lab & Therapeutic	\$000.00	\$1,000.00
2.5	Food		
2.6	Personal Hygiene		
	OPERATING SUPPLIES SUBTOTAL	\$2,000.00	\$2,000.00
3.1	Publications, Pamphlets, etc.		
3.2	Printing		
3.3	Dues & Registration		
3.4	Equipment Repairs		
3.5	Recruitment & Advertising		
	OPERATING EXPENSES SUBTOTAL		
4.1	Telephone	\$500.00	
4.2	Postage		
4.3	Office Supplies		
4.4	Equipment Rentals		
	OFFICE EXPENSES SUBTOTAL	\$500.00	
5.1	Auto Repair, Maint, Ins, Etc.		
5.2	In-State Travel		\$500.00
5.3	Out-Of-State Travel		
	TRAVEL EXPENSES SUBTOTAL		\$500.00
6.1	Building Repairs, Maint		
6.2	Utilities	\$200.00	
6.3	Rent (include in-kind)	\$3,200.00	
6.4	Insurance		
	BUILDING EXPENSES SUBTOTAL	\$3,400.00	
7.1	Office Equipment		
7.2	Building Improvements		
7.3	Program Equipment		
7.4	Furnishings		
	EQUIPMENT & IMPROV. SUBTOTAL		
8.1	Audit		
8.2	Legal		
8.3	Liability Insurance		
8.4	Tuition Reimburse/Training	\$500.00	
8.5	Other		
	OTHER EXPENSES SUBTOTAL	\$500.00	
=====	=====	=====	=====
	TOTAL EXPENSES	\$37,490.00	\$12,420.00
=====	=====	=====	=====

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GRANT LINE ITEM BUDGET                      REVENUE BY SOURCE  
 AGENCY: Signature Health, Inc                      SFY                      2022  
 GRANT NAME: Prevention

REVENUE SOURCE		BUDGETED PREVIOUS FY	BUDGETED THIS FY
A. FEDERAL-	TITLE XX (MH Contract)		
	Title XX (Direct)		
	Lake County Title XIX (Medicaid - MH)		
	Other County Title XIX (Medicaid - MH)		
	Other County Title XIX (Medicaid - All)		
	Other: _____		
	Other: _____		
B. FEES	Client - Direct Pay		
	Insurance		
	Consultation & Education		
	Other: _____		
	Other: _____		
C. STATE FUNDS not through Board			
	Specify Source: _____		
D. FUNDING FROM LCADAMHS BOARD			
	Grant	\$37,290.00	\$32,520.00
	Purchase of Service		
	Other: _____		
E. FUNDING FROM OTHER ADAS/MH/ADAMHS BOARDS			
	Grant/Purchase of Service		
F. United Way (Lake)			
	United Way Services		
G. DONATIONS			
H. FUND RAISING ACTIVITY			
	FUND RAISING ACTIVITY		
I. FOUNDATION GRANT			
J. CASH TRANSFER OF INTERFUND LOAN			
K. REFUNDS & REIMBURSEMENTS			
L. MISCELLANEOUS			
	MISCELLANEOUS		
M. OTHER			
TOTALS:		\$37,290.00	\$32,520.00

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** Supplemental Behavioral Health Service

**PROGRAM NAME:** Behavioral Health Liaison

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	BH Liaison and Transitional Detox
<b>Target Population</b>	Forensic, Chemical Dependency, and Mental Health - Adults
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	21
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	71
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	35
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	5,600
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	40
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	5,750
<b>Number of Direct Service Staff Dedicated to Program</b>	2
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	0
<b>Total anticipated program cost</b>	\$178,250
<b>Total program funding request from ADAMHS Board</b>	\$178,250
<b>ADAMHS as % of total program funding</b>	100%
<b>Wait time for SFY21</b>	N/A
<b>Projected wait time for SFY22</b>	N/A
<b>Brief Program Description (300 words or less)</b>	

Under the supervision of the Behavioral Health Liaison Supervisor, assist with tracking, development, oversight, and discharge planning for the Lake County ADAMHS Board in **5 key programs** which are discussed below.

### **1. Opiate Recovery Transition Program Coordinator**

#### **Seven day detox program through Windsor Laurelwood**

When a client presents to either Tripoint or Lake West Hospital emergency department with Severe Opiate Use Disorder, they may be eligible for this program. The program coordinator will ensure that all criteria are met and will be the gatekeeper for the opiate detox transition program. The hospital will send the program coordinator referrals for review. The program coordinator will make the decision to approve/not approve admission into the detox program. If approved the client will be transferred to Windsor Laurelwood and the program coordinator will go out on day four or five to complete an assessment and make a referral to Signature Health or Lake Geauga Recovery Center depending on the needs of the client for follow up outpatient treatment. On day seven prior to discharge the client will receive a Vivitrol injection. The program coordinator would be responsible for collecting and tracking background data, monitoring client's progress, and assessing program efficacy. In addition, they would be responsible for reporting their findings of the data collected to the Lake County ADAMHS Board.

### **2. Forensic and Probate Monitor**

#### **When a forensic client is in the state hospital:**

Attend treatment team meetings, interact with hospital staff, attend court hearings, and assist with discharge planning, communicate with Lake ADAMHS Board staff at least on a monthly basis with updates regarding status of hospitalization/discharge plans, inform Lake County ADAMHS Board when a new forensic client is admitted to the State Hospital and work with Lake County Courts.

#### **When a forensic client is released on "Conditional Release Plan" into the community:**

Meet with client & monitor compliance with "Conditional Release Plan", assist client to engage in and receive services in the community, receive updates & interact with service providers (such as case workers, prescriber, etc.) as determined by client need, attend court hearings, and submit a monthly written report to Lake County ADAMHS Board regarding status of each person on conditional release plan.

#### **Probate**

Serve as liaison for the client between Lake ADAMHS Board, Lake County Probate Court, & behavioral health provider(s), and assist with the Probate process. Collect information related to mental illness of applicant to determine least restrictive and appropriate treatment, recommend the treatment and provide documentation, in writing, to Lake ADAMHS and Probate Court.

### **3. Hospital Liaison**

#### **When client is in the state hospital on a Board Bed:**

Meet with client, attend treatment team meetings, interact with hospital staff, perform Diagnostic Assessment (as necessary), and take lead role in discharge planning. If Client is not in treatment at Crossroads Health, communicate with clinical agency, if client is not linked with services, utilize Compass Line for linkage, schedule, facilitate and send agenda for monthly board bed meetings, track high utilizers and coordinate a

utilization review with clinical providers, track daily utilization of Lake ADAMHS Board bed days, report weekly and monthly utilization to the Lake ADAMHS Board staff.

Perform Diagnostic Assessment (as necessary), link client with service providers as determined by client need, meet with client & monitor compliance with discharge plan, follow-up with client as needed to ensure linkage.

For any board bed patient at Windsor Laurelwood who is in need of in-patient psychiatric admission, upon admission the patient will be approved for 3 board bed days. If the patient appears to need additional days, they must be approved by the Hospital Liaison. A Formal Utilization Review from Windsor-Laurelwood UR department must take place when presenting the case to the Hospital Liaison. The Hospital Liaison will make the decision to approve/not approve additional board bed days. If approved, the Board will pay for an additional board bed day. The UR department will need to contact the Hospital Liaison on a daily basis for approval of additional board bed days. When a client is hospitalized for more than 30 days in a non-state hospital, the hospital liaison will assess the client for possible transfer to the state hospital.

#### **4. Criminal Justice Diversion Coordinator**

##### **When a client is currently in the Lake County Jail:**

The Criminal Justice Diversion Coordinator receives weekly reports from the Lake County ADAMHS Board on any client of Crossroads Health or Signature Health that has had open services within the past year. The focus is on those currently in jail for more than 10 days, have a severe mental illness, and/or multiple incarcerations. Responsible for client tracking, coordinating with Crossroads Health's jail services, holding monthly jail diversion meetings, staffing challenging clients, visitation to clients in jail, assist in jail discharge planning to ensure follow up with outpatient services, and identifying barriers to follow through to improve outcomes and assist with program development.

#### **5. Lake County Quick Response Team**

To work in conjunction with the Lake County Sheriff's Office by conducting home visits to assist Lake County residents that have recently experienced an opiate overdose and provide them with resources for treatment.

##### **Top 3-5 Measurable Goals for Program in SFY2021**

Continue to expand the Opiate Recovery Transition Program, continue to promote the Lake County Quick Response Team, develop and implement the Alcohol Withdrawal Management Program, and continue to provide oversight to forensic patients.

##### **Describe Achievement of SFY2021 Goals/Barriers to Success**

Continued to expand the Opiate Recovery Transition Program; continued to promote the Lake County Quick Response Team; developed and implemented the Alcohol Withdrawal Management Program; and continued to provide oversight to forensic patients.

##### **Top 3-5 Measurable Goals for Program in SFY2022**



<ol style="list-style-type: none"><li>1. Increase the number of patients enrolled in the Alcohol Withdrawal Management Program.</li><li>2. Increase number of patients served from 1,850 to 2,500.</li><li>3. Hire Certified Peer Support Specialists to serve on the Quick Response Team within the grant year.</li></ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
M3141

## GRANT LINE ITEM EXPENDITURE BUDGET REPORT

AGENCY: Signature Health, Inc.,

FISCAL YEAR: 2022

GRANT NAME: BH Liaison

LINE ITEMS	BUDGETED PREVIOUS FY	BUDGETED THIS FY
0.1 Salaries	\$105,000.00	\$127,500.00
0.2 Contracts & Services		
WAGES SUBTOTAL	\$105,000.00	\$127,500.00
1.1 Employer's Share PERS (FICA)	\$9,750.00	\$9,750.00
1.2 Life Insurance		
1.3 Health Insurance	\$14,400.00	\$17,650.00
1.4 Workman's Compensation	\$1,000.00	\$40.00
1.5 Unemployment Compensation	\$540.00	\$2,810.00
1.6 Other Fringe		
FRINGE BENEFITS SUBTOTAL	\$24,750.00	\$30,250.00
2.1 Housekeeping		
2.2 Educational/Recreational		
2.3 Drugs		
2.4 Medical, Lab & Therapeutic		
2.5 Food		
2.6 Personal Hygiene		
OPERATING SUPPLIES SUBTOTAL		
3.1 Publications, Pamphlets, etc.		
3.2 Printing		
3.3 Dues & Registration		
3.4 Equipment Repairs		
3.5 Recruitment & Advertising		
OPERATING EXPENSES SUBTOTAL		
4.1 Telephone		
4.2 Postage		
4.3 Office Supplies		
4.4 Equipment Rentals		
OFFICE EXPENSES SUBTOTAL		
5.1 Auto Repair, Maint, Ins, Etc.		
5.2 In-State Travel	\$5,000.00	
5.3 Out-Of-State Travel		
TRAVEL EXPENSES SUBTOTAL	\$5,000.00	
6.1 Building Repairs, Maint		
6.2 Utilities		
6.3 Rent (include in-kind)		
6.4 Insurance		
BUILDING EXPENSES SUBTOTAL		
7.1 Office Equipment		
7.2 Building Improvements		
7.3 Program Equipment		
7.4 Furnishings		
EQUIPMENT & IMPROV. SUBTOTAL		
8.1 Audit		
8.2 Legal		
8.3 Liability Insurance		
8.4 Tuition Reimburse/Training		
8.5 Other	\$500.00	\$100.00
OTHER EXPENSES SUBTOTAL	\$500.00	\$100.00
=====	=====	=====
TOTAL EXPENSES	\$137,750.00	\$177,350.00
=====	=====	=====

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GRANT LINE ITEM BUDGET                      REVENUE BY SOURCE

AGENCY: Signature Health, Inc                      SFY: 2022

GRANT NAME: BH Liaison

REVENUE SOURCE		BUDGETED PREVIOUS FY	BUDGETED THIS FY
A. FEDERAL-	TITLE XX (MH Contract)		
	Title XX (Direct)		
	Lake County Title XIX (Medicaid - MH)		
	Other County Title XIX (Medicaid - MH)		
	Other County Title XIX (Medicaid - All)		
	Other: _____		
	Other: _____		
B. FEES	Client - Direct Pay		
	Insurance		
	Consultation & Education		
	Other: _____		
	Other: _____		
C. STATE FUNDS not through Board			
	Specify Source: _____		
D. FUNDING FROM LCADAMHS BOARD			
	Grant	\$137,780.00	\$178,250.00
	Purchase of Service		
	Other: _____		
E. FUNDING FROM OTHER ADAS/MH/ADAMHS BOARDS			
	Grant/Purchase of Service		
F. United Way (Lake)			
	United Way Services		
G. DONATIONS			
H. FUND RAISING ACTIVITY			
	FUND RAISING ACTIVITY		
I. FOUNDATION GRANT			
J. CASH TRANSFER OF INTERFUND LOAN			
K. REFUNDS & REIMBURSEMENTS			
L. MISCELLANEOUS			
	MISCELLANEOUS		
M. OTHER			
TOTALS:		\$137,780.00	\$178,250.00

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** CPST, Supplemental Behavioral Health Service

**PROGRAM NAME:** Wrap Around Services

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	Supplemental BH Services: Wrap Around Services
<b>Target Population</b>	Adults with mental illness
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	118
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	N/A
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	30
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	N/A
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	50
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	N/A
<b>Number of Direct Service Staff Dedicated to Program</b>	N/A
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	N/A
<b>Total anticipated program cost</b>	\$6,000
<b>Total program funding request from ADAMHS Board</b>	\$6,000
<b>ADAMHS as % of total program funding</b>	100%
<b>Wait time for SFY21</b>	N/A
<b>Projected wait time for SFY22</b>	N/A
<b>Brief Program Description (300 words or less)</b> Wrap around funding is used by Signature Health's case managers in Lake County. The case managers evaluate patient's individual needs. If a patient needs assistance with basic needs – rent, utilities, food, transportation, obtaining personal identification,	

and other needs – Signature Health covers the cost of the service and requests reimbursement from the ADAMHS Board.
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
Provide financial assistance to patients for eligible costs when they are in need of support and no other payer or program can support the patient's identified need.
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
SH is able to enroll clients in Medicaid (Presumptive Eligibility) if eligible. If not eligible, we offer assistance applying for FQHC sliding fee scale or county grant. SH was able to continue to offer walk-in and limited community-based case management/wrap-around services throughout COVID, and has increased community-based services to pre-COVID capacity on April 1, 2021.
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. Provide financial assistance to 50 patients who are with funding from Lake County ADAMHS Board.</li> <li>2. Provide up to \$6,000 in financial assistance with funding from Lake County ADAMHS Board.</li> <li>3. Case managers and other staff will accurately track expenses and clients receiving support; send quarterly invoices to the ADAMHS Board in a timely manner.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
N/A



## GRANT LINE ITEM EXPENDITURE BUDGET REPORT

AGENCY: Signature Health, Inc. FISCAL YEAR: 2022GRANT NAME: Supplemental BH Services: Wrap Around Services

LINE ITEMS	BUDGETED PREVIOUS FY	BUDGETED THIS FY
0.1 Salaries		
0.2 Contracts & Services		
WAGES SUBTOTAL		
1.1 Employer's Share PERS (FICA)		
1.2 Life Insurance		
1.3 Health Insurance		
1.4 Workman's Compensation		
1.5 Unemployment Compensation		
1.6 Other Fringe		
FRINGE BENEFITS SUBTOTAL		
2.1 Housekeeping		
2.2 Educational/Recreational		
2.3 Drugs		
2.4 Medical, Lab & Therapeutic		
2.5 Food		
2.6 Personal Hygiene		
OPERATING SUPPLIES SUBTOTAL		
3.1 Publications, Pamphlets, etc.		
3.2 Printing		
3.3 Dues & Registration		
3.4 Equipment Repairs		
3.5 Recruitment & Advertising		
OPERATING EXPENSES SUBTOTAL		
4.1 Telephone		
4.2 Postage		
4.3 Office Supplies		
4.4 Equipment Rentals		
OFFICE EXPENSES SUBTOTAL		
5.1 Auto Repair, Maint, Ins, Etc.		
5.2 In-State Travel		
5.3 Out-Of-State Travel		
TRAVEL EXPENSES SUBTOTAL		
6.1 Building Repairs, Maint		
6.2 Utilities		
6.3 Rent (include in-kind)		
6.4 Insurance		
BUILDING EXPENSES SUBTOTAL		
7.1 Office Equipment		
7.2 Building Improvements		
7.3 Program Equipment		
7.4 Furnishings		
EQUIPMENT & IMPROV. SUBTOTAL		
8.1 Audit		
8.2 Legal		
8.3 Liability Insurance		
8.4 Tuition Reimburse/Training		
8.5 Other	\$12,000.00	\$6,000.00
OTHER EXPENSES SUBTOTAL	\$12,000.00	\$6,000.00
TOTAL EXPENSES	\$12,000.00	\$6,000.00

GRANT LINE ITEM BUDGET                      REVENUE BY SOURCE  
 AGENCY: Signature Health, Inc.                      SFY 2022  
 GRANT NAME: Supplemental BH Services: Wrap Around Services

REVENUE SOURCE		BUDGETED PREVIOUS FY	BUDGETED THIS FY
A. FEDERAL-	TITLE XX (MH Contract)		
	Title XX (Direct)		
	Lake County Title XIX (Medicaid - MI)		
	Other County Title XIX (Medicaid - MI)		
	Other County Title XIX (Medicaid - AI)		
	Other:		
	Other:		
B. FEES	Client - Direct Pay		
	Insurance		
	Consultation & Education		
	Other:		
	Other:		
C. STATE FUNDS not through Board			
	Specify Source:		
D. FUNDING FROM LCADAMHS BOARD			
	Grant	\$12,000.00	\$6,000.00
	Purchase of Service		
	Other:		
E. FUNDING FROM OTHER ADAS/MH/ADAMHS BOARDS			
	Grant/Purchase of Service		
F. United Way (Lake)			
	United Way Services		
G. DONATIONS			
H. FUND RAISING ACTIVITY			
	FUND RAISING ACTIVITY		
I. FOUNDATION GRANT			
J. CASH TRANSFER OF INTERFUND LOAN			
K. REFUNDS & REIMBURSEMENTS			
L. MISCELLANEOUS			
	MISCELLANEOUS		
M. OTHER			
TOTALS:		\$12,000.00	\$6,000.00

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** Supplemental Behavioral Health Service

**PROGRAM NAME:** Wellness

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	Supplemental BH Services: Wellness
<b>Target Population</b>	Children/Adults with Mental Illness
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	8
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	542
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	25
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	20
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	35
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	250
<b>Number of Direct Service Staff Dedicated to Program</b>	2
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	0
<b>Total anticipated program cost</b>	\$127,400
<b>Total program funding request from ADAMHS Board</b>	\$127,400
<b>ADAMHS as % of total program funding</b>	100%
<b>Wait time for SFY21</b>	< 1 day
<b>Projected wait time for SFY22</b>	< 1 day
<b>Brief Program Description (300 words or less)</b> The wellness program offers clients a holistic approach to healthcare, focuses on improving health and well-being by engaging in health lifestyle behaviors, and teaches about managing and preventing chronic health conditions. Services are provided to children, adolescents, adults, and families. Patients are given increased access to	

information, promotion, support, and wellness activities in a group setting, individually face-to-face or via telephone.
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
<ol style="list-style-type: none"> <li>1. 100% of Wellness client have a primary care physician/NP</li> <li>2. 100% of Wellness clients have a physical activity goal after second visit with Wellness nurse</li> <li>3. 100% of Wellness clients have vitals</li> <li>4. Offer more groups such as: physical activities, physical health education, nutritional education and group support, and age-appropriate groups</li> </ol>
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
<p>Patients participated in a gardening program, one-on-one, with the lead wellness nurse. This contributed to improved mental and physical health. There is now a garden in the lobby of the Willoughby clinic.</p> <p>Both of the wellness nurses received their tobacco treatment specialist certification. They can now provide smoking cessation counseling. As of January 1<sup>st</sup>, Signature Health's facilities are now all smoke-free in support of our belief in healthy living.</p> <p>Due to COVID, wellness group activities were suspended. Regular groups should be re-starting in the coming months. Additionally, with the approval of the Lake ADAMHS Board, the wellness nurses shifted some of their time to work on COVID efforts including testing and vaccinations. The pandemic shifted most of Signature Health's appointments to a telehealth. Some wellness patients utilize virtual appointments, but many prefer to still come into the office.</p>
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. 100% of wellness patients will have a primary care provider.</li> <li>2. 100% of wellness patients will have a physical activity goal after second visit with wellness nurse.</li> <li>3. The head wellness nurse, Michele, will become a certified diabetic educator in the grant year.</li> <li>4. Group classes (exercise, fitness, yoga, gardening, etc.) will be re-started when it is safe to gather.</li> <li>5. Begin tracking patients' vitals in Signature Health's new EHR platform, Epic.</li> <li>6. Wellness appointments will be available at Signature Health's new integrated clinic in Painesville.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
M3142, M3143

## GRANT LINE ITEM EXPENDITURE BUDGET REPORT

AGENCY: Signature Health, Inc.

FISCAL YEAR: 2022

GRANT NAME: Wellness

LINE ITEMS	BUDGETED PREVIOUS FY	BUDGETED THIS FY
0.1 Salaries	\$24,000.00	\$25,450.00
0.2 Contracts & Services		
<b>WAGES SUBTOTAL</b>	<b>\$24,000.00</b>	<b>\$25,450.00</b>
1.1 Employer's Share PERS (FICA)	\$6,450.00	\$7,319.00
1.2 Life Insurance		
1.3 Health Insurance	\$7,290.00	\$16,950.00
1.4 Workman's Compensation	\$50.00	\$20.00
1.5 Unemployment Compensation	\$540.00	\$2,100.00
1.6 Other Fringe		
<b>FRINGE BENEFITS SUBTOTAL</b>	<b>\$14,280.00</b>	<b>\$26,420.00</b>
2.1 Housekeeping		
2.2 Educational/Recreational		
2.3 Drugs		
2.4 Medical, Lab & Therapeutic		
2.5 Food		
2.6 Personal Hygiene		
<b>OPERATING SUPPLIES SUBTOTAL</b>		
3.1 Publications, Pamphlets, etc.		
3.2 Printing		
3.3 Dues & Registration		
3.4 Equipment Repairs		
3.5 Recruitment & Advertising		
<b>OPERATING EXPENSES SUBTOTAL</b>		
4.1 Telephone		
4.2 Postage		
4.3 Office Supplies		
4.4 Equipment Rentals		
<b>OFFICE EXPENSES SUBTOTAL</b>		
5.1 Auto Repair, Maint, Ins, Etc.		
5.2 In-State Travel	\$500.00	\$500.00
5.3 Out-Of-State Travel		
<b>TRAVEL EXPENSES SUBTOTAL</b>	<b>\$500.00</b>	<b>\$500.00</b>
6.1 Building Repairs, Maint		
6.2 Utilities		
6.3 Rent (include in-kind)		
6.4 Insurance		
<b>BUILDING EXPENSES SUBTOTAL</b>		
7.1 Office Equipment		
7.2 Building Improvements		
7.3 Program Equipment	\$5,000.00	\$5,000.00
7.4 Furnishings		
<b>EQUIPMENT &amp; IMPROV. SUBTOTAL</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>
8.1 Audit		
8.2 Legal		
8.3 Liability Insurance		
8.4 Tuition Reimburse/Training		
8.5 Other		
<b>OTHER EXPENSES SUBTOTAL</b>		
<b>TOTAL EXPENSES</b>	<b>\$104,510.00</b>	<b>\$127,400.00</b>
<b>GRANTEXP.WK4</b>		



GRANT LINE ITEM BUDGET                      REVENUE BY SOURCE  
 AGENCY: Signature Health, Inc                      SFY                      2022  
 GRANT NAME: Wellness

REVENUE SOURCE		BUDGETED PREVIOUS FY	BUDGETED THIS FY
A. FEDERAL- TITLE XX (MH Contract)			
Title XX (Direct)			
Lake County Title XIX (Medicaid - MH)			
Other County Title XIX (Medicaid - M			
Other County Title XIX (Medicaid - Al			
Other:			
Other:			
B. FEES			
Client - Direct Pay			
Insurance			
Consultation & Education			
Other:			
Other:			
C. STATE FUNDS not through Board			
Specify Source:			
D. FUNDING FROM LCADAMHS BOARD			
Grant	\$104,510.00	\$127,400.00	
Purchase of Service			
Other:			
E. FUNDING FROM OTHER ADAS/MH/ADAMHS BOARDS			
Grant/Purchase of Service			
F. United Way (Lake)			
United Way Services			
G. DONATIONS			
H. FUND RAISING ACTIVITY			
FUND RAISING ACTIVITY			
I. FOUNDATION GRANT			
J. CASH TRANSFER OF INTERFUND LOAN			
K. REFUNDS & REIMBURSEMENTS			
L. MISCELLANEOUS			
MISCELLANEOUS			
M. OTHER			
TOTALS:	\$104,510.00	\$127,400.00	

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**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** Supplemental Behavioral Health Service, CPST

**PROGRAM NAME:** Life Skills Development

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	Supplemental BH Services: Life Skills Development
<b>Target Population</b>	Adults and youth who are involved with the criminal justice systems/re-entry; mentally ill and/or chemically dependent adults/youth; women and children who are directly impacted by domestic violence and other abusing issues such as sexual/physical abuse; severely emotionally disturbed adolescents; adults/youth experiencing substance use/abuse issues; severely mentally disabled adults/adults with severe and persistent mental illness; homeless individuals, and the general population.
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	1,350
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	230
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	725
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	170
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	2,000
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	325
<b>Number of Direct Service Staff Dedicated to Program</b>	2

<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	1
<b>Total anticipated program cost</b>	\$37,310
<b>Total program funding request from ADAMHS Board</b>	\$37,310
<b>ADAMHS as % of total program funding</b>	100%
<b>Wait time for SFY21</b>	N/A
<b>Projected wait time for SFY22</b>	N/A
<p><b>Brief Program Description (300 words or less)</b></p> <p>Many Life Skills Development programs occur outside the agency. Programs are delivered in classrooms, churches, youth and adult detention facilities, public meeting areas, homeless shelters, social service agencies and hospitals.</p> <p>The goal of the Supplemental BH Services program is to facilitate development of life skills and core competencies that enable behavioral changes consistent with healthy lifestyle. Objectives include 355 hours of life skills development programming. Measurement of outcomes is accomplished through feedback surveys from selected recipient groups. They are asked if, due to program participation, attitudes and knowledge have changed. A significant group of recipients of Signature Health's life skills development programs is youth, through presentations in schools, the Juvenile Detention Center, and other youth-serving organizations. Units are often planned with severely mentally disabled and/or chemically dependent adults within the SH network and in conjunction with BRIDGES, Crossroads Health, Lake-Geauga Recovery Centers, Lake County Jail Treatment Program, and others.</p> <p>In a joint venture with BRIDGES, the Signature Health's sexual &amp; reproductive health division provides programming for severely mentally disabled adults, with the purpose of building personal and social competency related to relationships.</p> <p>The Supplemental BH Services activities of SH are planned with each specific audience in mind, tailoring content to the needs of recipients as defined by a teacher or other primary provider. Program format includes lecture combined with significant use of activity-based learning. Occasional use is made of audiovisual aids. The most requested presentations center on healthy sexual decision-making, healthy relationships, and postponing sexual involvement.</p> <p>Issues around reproductive health are often among the most troubling aspects of growing up. Helping teens cope with the maturation issues related to reproductive health is a unique contribution of Signature Health's sexual &amp; reproductive health program.</p>	

Staff funded by this grant also represents the agency on the Suicide Coalition and attends ADAMHS Board Prevention meetings, in addition to serving on the Lake-Geauga Training Committee.
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
<ol style="list-style-type: none"> <li>1. 85% of clients participating in group sessions at BRIDGES will express greater comfort with interpersonal relationships as a result of their participation in the programming.</li> <li>2. 80% of program participants completing feedback evaluations will indicate increased comfort discussing the topic with parents, friends, and/or others.</li> <li>3. 80% of program participants completing feedback evaluations will express intent to adopt or continue risk reduction behavior related to sexual health.</li> <li>4. 80% of program participants completing feedback evaluations will be able to identify appropriate community resources for assistance with issues related to sexual and reproductive health.</li> </ol>
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
<p>Given the limits created as a result of the pandemic, staff are pleased with the units provided and clients served. No BRIDGES programming was possible, unfortunately, but in other settings virtual programming was initiated, and as the year has continued, there have been opportunities for in-person learning.</p> <p>For those who did participate in programming:</p> <p>100% of program participants completing feedback evaluations will indicate increased comfort discussing the topic with parents, friends, and/or others.</p> <p>100% of program participants completing feedback evaluations will express intent to adopt or continue risk reduction behavior related to sexual health.</p> <p>100% of program participants completing feedback evaluations will be able to identify appropriate community resources for assistance with issues related to sexual and reproductive health.</p>
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. 85% of clients participating in group sessions at BRIDGES will express greater comfort with interpersonal relationships as a result of their participation in the programming.</li> <li>2. 80% of program participants completing feedback evaluations will indicate increased comfort discussing the topic with parents, friends, and/or others.</li> <li>3. 80% of program participants completing feedback evaluations will express intent to adopt or continue risk reduction behavior related to sexual health.</li> <li>4. 80% of program participants completing feedback evaluations will be able to identify appropriate community resources for assistance with issues related to sexual and reproductive health.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
N/A

## GRANT LINE ITEM EXPENDITURE BUDGET REPORT

AGENCY: Signature Health, Inc.

FISCAL YEAR: 2022

GRANT NAME: Life Skills

LINE ITEMS	BUDGETED PREVIOUS FY	BUDGETED THIS FY
0.1 Salaries	\$29,900.00	\$31,170.00
0.2 Contracts & Services		
WAGES SUBTOTAL	\$29,900.00	\$31,170.00
1.1 Employer's Share PERS (FICA)	\$2,390.00	\$2,390.00
1.2 Life Insurance		
1.3 Health Insurance	\$4,140.00	\$2,060.00
1.4 Workman's Compensation	\$300.00	\$10.00
1.5 Unemployment Compensation	\$270.00	\$690.00
1.6 Other Fringe		
FRINGE BENEFITS SUBTOTAL	\$7,000.00	\$5,150.00
2.1 Housekeeping		
2.2 Educational/Recreational		
2.3 Drugs		
2.4 Medical, Lab & Therapeutic		
2.5 Food		
2.6 Personal Hygiene		
OPERATING SUPPLIES SUBTOTAL		
3.1 Publications, Pamphlets, etc.		
3.2 Printing		
3.3 Dues & Registration		
3.4 Equipment Repairs		
3.5 Recruitment & Advertising		
OPERATING EXPENSES SUBTOTAL		
4.1 Telephone		
4.2 Postage		
4.3 Office Supplies		
4.4 Equipment Rentals		
OFFICE EXPENSES SUBTOTAL		
5.1 Auto Repair, Maint, Ins, Etc.		
5.2 In-State Travel		\$1,000.00
5.3 Out-Of-State Travel		
TRAVEL EXPENSES SUBTOTAL		\$1,000.00
6.1 Building Repairs, Maint		
6.2 Utilities		
6.3 Rent (include in-kind)		
6.4 Insurance		
BUILDING EXPENSES SUBTOTAL		
7.1 Office Equipment		
7.2 Building Improvements		
7.3 Program Equipment		
7.4 Furnishings		
EQUIPMENT & IMPROV. SUBTOTAL		
8.1 Audit		
8.2 Legal		
8.3 Liability Insurance		
8.4 Tuition Reimburse/Training		
8.5 Other		
OTHER EXPENSES SUBTOTAL		
TOTAL EXPENSES	\$36,900.00	\$37,320.00

GRANTEXP.WK4



GRANT LINE ITEM BUDGET                      REVENUE BY SOURCE

AGENCY: Signature Health, Inc                      SFY                      2022

GRANT NAME: Life Skills

REVENUE SOURCE		BUDGETED PREVIOUS FY	BUDGETED THIS FY
A. FEDERAL- TITLE XX (MH Contract)			
	Title XX (Direct)		
	Lake County Title XIX (Medicaid - MH)		
	Other County Title XIX (Medicaid - M		
	Other County Title XIX (Medicaid - Al		
	Other: _____		
	Other: _____		
B. FEES	Client - Direct Pay		
	Insurance		
	Consultation & Education		
	Other: _____		
	Other: _____		
C. STATE FUNDS not through Board			
	Specify Source: _____		
D. FUNDING FROM LCADAMHS BOARD			
	Grant	\$36,900.00	\$37,310.00
	Purchase of Service		
	Other: _____		
E. FUNDING FROM OTHER ADAS/MH/ADAMHS BOARDS			
	Grant/Purchase of Service		
F. United Way (Lake)			
	United Way Services		
G. DONATIONS			
H. FUND RAISING ACTIVITY			
	FUND RAISING ACTIVITY		
I. FOUNDATION GRANT			
J. CASH TRANSFER OF INTERFUND LOAN			
K. REFUNDS & REIMBURSEMENTS			
L. MISCELLANEOUS			
	MISCELLANEOUS		
M. OTHER			
TOTALS:		\$36,900.00	\$37,310.00

GRANTREV.xls

**Lake County ADAMHS Board  
FY2022 Request For Proposals  
COVER PAGE**

**PROGRAM CATEGORY**

- MENTAL HEALTH ONLY TREATMENT SERVICES
- SUBSTANCE USE DISORDER ONLY TREATMENT SERVICES
- MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES
- CRISIS SERVICES
- PREVENTION
- INTERVENTION/SUPPORT/ADVOCACY
- CARE COORDINATION
- WELLNESS
- HOUSING
- CRIMINAL JUSTICE
- PEER SERVICES

**TARGET POPULATION**

- ADULTS
- YOUTH
- BOTH

**MODE**

- INDIVIDUAL
- GROUP
- BOTH
- CLINICAL
- NON-CLINICAL

**FUNDING REQUEST**

- PURCHASE OF SERVICE
- GRANT
- OTHER (EPISODE, ETC.): SPECIFY \_\_\_\_\_

**OMHAS CERTIFICATION:** General Services, CPST \_\_\_\_\_

**PROGRAM NAME:** Perinatal Depression \_\_\_\_\_

**Lake County ADAMHS Board  
SFY2022 Request for Proposals**

**Program Summary – Complete One Form For Every Program Provided**

<b>Agency Name</b>	Signature Health
<b>Program Title</b>	Supplemental BH Services: Perinatal Depression Services
<b>Target Population</b>	Adult females
<b>Total Number of Consumers Served FY2020 with ADAMHS Dollars</b>	1
<b>Total Number of Units Produced FY2020 with ADAMHS Dollars</b>	6
<b>Total Projected Number of Consumers Served with ADAMHS Dollars FY2021</b>	1
<b>Total Projected Number of Units/Episodes Produced FY2021 with ADAMHS Dollars</b>	36
<b>Total Projected Number of Consumers Served FY2022 with ADAMHS Dollars</b>	10
<b>Total Projected Number of Units/Episodes Produced FY2022 with ADAMHS Dollars</b>	360
<b>Number of Direct Service Staff Dedicated to Program</b>	3
<b>Number of Indirect Service (Support) Staff Dedicated to Program</b>	0
<b>Total anticipated program cost</b>	\$45,110
<b>Total program funding request from ADAMHS Board</b>	\$45,110
<b>ADAMHS as % of total program funding</b>	100%
<b>Wait time for SFY21</b>	No wait time
<b>Projected wait time for SFY22</b>	No wait time
<b>Brief Program Description (300 words or less)</b> This program offers a multidisciplinary approach to support perinatal patients. Signature Health has a robust array of perinatal services in Cuyahoga County, and we aspire to the same in Lake County. Services offered will include individual counseling,	

<p>case management, psychiatry, Medication Assisted Treatment for substance use disorder, and may also include participation in a psychoeducational group and/or cognitive behavioral therapy group. Funds will support the following:</p> <ul style="list-style-type: none"> <li>• Staff time when taken off line for training or outreach related to the program;</li> <li>• Development and printing of promotional materials to be used in outreach efforts;</li> <li>• Treatment for uninsured patients and/or those privately insured low-income patients for whom services are not available in their network;</li> <li>• Medication costs for uninsured patients;</li> <li>• Transportation services to and from appointments.</li> </ul>
<b>Top 3-5 Measurable Goals for Program in SFY2021</b>
<ul style="list-style-type: none"> <li>• Identify clients in need of this service;</li> <li>• Complete Perinatal Support International (PSI) trainings;</li> <li>• Create and share marketing materials with agencies;</li> <li>• Develop broad plan for services;</li> <li>• Engage clients in individual counseling and medication management</li> </ul>
<b>Describe Achievement of SFY2021 Goals/Barriers to Success</b>
<p>Intake staff were notified to refer clients in need of services to the identified counselor(s) and prescriber(s). LPCC completed PSI training in SFY2020. Marketing materials were developed and printed in SFY2020, and distributed as much as feasible, due to the pandemic, in SFY 2021. A core group has been meeting regularly to discuss the program, troubleshoot issues, identify case management and MAT staff to participate on the team, and discuss additional services, such as the development of a psychoeducational/cognitive behavioral group. While only one client has qualified for services supported by the Board so far, approximately 40 are being served.</p>
<b>Top 3-5 Measurable Goals for Program in SFY2022</b>
<ol style="list-style-type: none"> <li>1. Increase the number of clients served with ADAMHS Board funding from 1 to 10.</li> <li>2. Program staff will complete the eight-session Perinatal Support International (PSI) Maternal Mental Health Certificate program, which begins September 13, 2021 and concludes December 20, 2021.</li> <li>3. 50% of clients will realize an improvement in their score on the Edinburgh Postnatal Depression Scale within 6 months of initiation of treatment.</li> </ol>
<b>Procedure Code(s) and Modifier(s) combination(s) to be billed in GOSH for this program</b>
N/A

## GRANT LINE ITEM EXPENDITURE BUDGET REPORT

AGENCY: Signature Health, Inc.

FISCAL YEAR: 2022

GRANT NAME: Perinatal

LINE ITEMS	BUDGETED PREVIOUS FY	BUDGETED THIS FY
0.1 Salaries		\$34,890.00
0.2 Contracts & Services	\$29,000.00	
WAGES SUBTOTAL	\$29,000.00	\$34,890.00
1.1 Employer's Share PERS (FICA)		\$2,670.00
1.2 Life Insurance		
1.3 Health Insurance		\$2,270.00
1.4 Workman's Compensation		\$10.00
1.5 Unemployment Compensation		\$70.00
1.6 Other Fringe		
FRINGE BENEFITS SUBTOTAL		\$4,950.00
2.1 Housekeeping		
2.2 Educational/Recreational		
2.3 Drugs		
2.4 Medical, Lab & Therapeutic		
2.5 Food		
2.6 Personal Hygiene		
OPERATING SUPPLIES SUBTOTAL		
3.1 Publications, Pamphlets, etc.		
3.2 Printing	\$1,000.00	\$1,000.00
3.3 Dues & Registration		
3.4 Equipment Repairs		
3.5 Recruitment & Advertising		
OPERATING EXPENSES SUBTOTAL	\$1,000.00	\$1,000.00
4.1 Telephone		
4.2 Postage		
4.3 Office Supplies		
4.4 Equipment Rentals		
OFFICE EXPENSES SUBTOTAL		
5.1 Auto Repair, Maint, Ins, Etc.		
5.2 In-State Travel		
5.3 Out-Of-State Travel		
TRAVEL EXPENSES SUBTOTAL		
6.1 Building Repairs, Maint		
6.2 Utilities		
6.3 Rent (Include in-kind)		
6.4 Insurance		
BUILDING EXPENSES SUBTOTAL		
7.1 Office Equipment		
7.2 Building Improvements		
7.3 Program Equipment		
7.4 Furnishings		
EQUIPMENT & IMPROV. SUBTOTAL		
8.1 Audit		
8.2 Legal		
8.3 Liability Insurance		
8.4 Tuition Reimburse/Training	\$3,000.00	\$2,500.00
8.5 Other		
OTHER EXPENSES SUBTOTAL	\$3,000.00	\$2,500.00
TOTAL EXPENSES	\$32,000.00	\$45,310.00

GRANTEXP.WK4

GRANT LINE ITEM BUDGET                      REVENUE BY SOURCE

AGENCY: Signature Health, Inc                      SFY                      2022

GRANT NAME: Perinatal

REVENUE SOURCE		BUDGETED PREVIOUS FY	BUDGETED THIS FY
A. FEDERAL-	TITLE XX (MH Contract)		
	Title XX (Direct)		
	Lake County Title XIX (Medicaid - MI)		
	Other County Title XIX (Medicaid - M)		
	Other County Title XIX (Medicaid - AI)		
	Other: _____		
	Other: _____		
B. FEES	Client - Direct Pay		
	Insurance		
	Consultation & Education		
	Other: _____		
	Other: _____		
C. STATE FUNDS not through Board			
	Specify Source: _____		
D. FUNDING FROM LCADAMHS BOARD			
	Grant	\$33,000.00	\$45,110.00
	Purchase of Service		
	Other: _____		
E. FUNDING FROM OTHER ADAS/MH/ADAMHS BOARDS			
	Grant/Purchase of Service		
F. United Way (Lake)			
	United Way Services		
G. DONATIONS			
H. FUND RAISING ACTIVITY			
	FUND RAISING ACTIVITY		
I. FOUNDATION GRANT			
J. CASH TRANSFER OF INTERFUND LOAN			
K. REFUNDS & REIMBURSEMENTS			
L. MISCELLANEOUS			
	MISCELLANEOUS		
M. OTHER			
TOTALS:		\$33,000.00	\$45,110.00

GRANTREV.xls



**INTERAGENCY AGREEMENT  
FY2022**

The agencies or organizations listed below are committed to assisting potential active and former clients in accessing and utilizing the enter system of care including mental health, alcohol and drug addiction services with respect for client's rights, decision-making, needs and confidentiality.

This agreement demonstrates that a working relationship exists to ensure that services are available to our respective claims on a referral basis. It is not intended to indicate any affiliation, contract, endorsement, or liability between the organizations other than as stated.

As part of the Agreement, each party would provide the other with pertinent information directly related to the treatment or care of the client in a timely fashion in order to assure adequate and continued care. Any exchange of information will be conducted in the manner provided by State or Federal statute, program or other applicable standards governing client confidentiality. It is understood that the client is responsible for payment of services rendered.

The agreement may be terminated with thirty (30) days written notice to any or all parties.

<i>Affiliation</i>	<i>Executive Director/CEO</i>	<i>Date</i>
BRIDGES: Mental Health Consumer Empowerment	<i>[Signature]</i>	4/27/21
Catholic Charities Corporation	E. Currie Manring	4/23/21
Cleveland Rape Crisis Center	<i>[Signature]</i> Sondra Miller	3/25/2021
Crossroads Health	<i>[Signature]</i> Mike Matoney	4/16/2021
Extended Housing	<i>[Signature]</i> Karen B. McLeod	03/25/2021
Lake Geauga Recovery Centers	<i>[Signature]</i>	4/22/21
Lake Health Crisis	<i>[Signature]</i> Janie Racer	4/16/2021
Lifeline	<i>[Signature]</i> Carrie Dotson	4/27/21
NAMI Lake County	<i>[Signature]</i>	3/25/2021
Northcoast Behavioral Healthcare	<i>[Signature]</i> Lauren Williams, MSW Residential Director	3/25/21
Signature Health	<i>[Signature]</i> Jonathan Lee	4/27/2021
Torchlight Youth Mentoring Alliance	<i>[Signature]</i>	4/26/2021
Windsor Laurelwood Hospital	<i>[Signature]</i> Shelley Zimmerman	4/21/21
WomenSafe	Andrea R. Gutka	4/19/2021



## EMERGENCY BASED CRISIS SERVICES

### AFFILIATION AGREEMENT

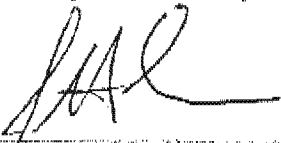
Fiscal Year 2022

Lake Health Emergency Based Crisis Services and Signature Health/Family Planning hereby agree to collaborate in providing crisis intervention services to people who present to any of the Lake Health Emergency Departments.

Signature Health/Family Planning will inform their clients of the availability Emergency Based Crisis Services and may refer to as needed to the Emergency Based Team. Signature Health/Family Planning Staff can refer to the Crisis Team 24 hours a day if needed for a mental health crisis.

Signature Health/Family Planning and Lake Health will share information and coordinate services as necessary and appropriate to provide needed emergency services and will each take responsibility to maintain and protect client confidentiality.

This agreement may be amended in writing with all terms agreed upon by all parties. This agreement may be terminated by any party with a 30-day written notice. This agreement will automatically renew each year unless terminated in advance in writing by one or more party.

  
Name JONATHAN LEE  
Title CEO  
Organization Signature Health/Family Planning

3/24/21  
Date

Kim Hearn-Vance, LISW-S

3/24/21

Kim Hearn-Vance, LISW-S  
Clinical Supervisor, Behavioral Health Services  
Lake Health

Date

### CRISIS INTERVENTION AFFILIATION AGREEMENT

Crossroads Health and SIGNATURE HEALTH, INC (herein referred to as "AGENCY") hereby agree to collaborate in providing crisis intervention services to people who live or work in Lake County.

Crossroads Health and AGENCY will inform persons it serves of the availability of the Lake County Crisis Hotline for twenty-four hour crisis intervention services, and will refer persons in need of crisis intervention services to the Lake County Crisis Hotline.

Crisis Hotline staff will provide telephone assessment of persons' needs, information and referral to appropriate resources, or arrange direct intervention by emergency service personnel.

Crossroads Health and AGENCY will share information and coordinate services as necessary and appropriate to provide needed services.

This AGREEMENT may be amended if all terms are agreed to, in writing, by both parties. This AGREEMENT may be terminated by either party with a 30-day written notice given by either party. This AGREEMENT shall automatically renew each year unless terminated in advance by either party.

Michael E. Matoney  
Michael E. Matoney  
Chief Executive Officer  
Crossroads Health

SIGNATURE HEALTH, INC  
Signature of Executive Director/CEO  
SIGNATURE HEALTH, INC  
Agency Name

Date: 4-14-2021

Date: 4-13-21



Signature  
HEALTH

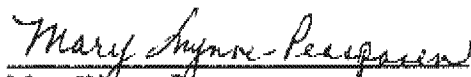
When you need help now.

**JOINT VENTURE FOR CONSUMER GROWTH AND WELLNESS  
BETWEEN  
BRIDGES: MENTAL HEALTH CONSUMER EMPOWERMENT  
AND  
SIGNATURE HEALTH, INC.**

Recognizing that the concepts of recovery and wellness apply to the whole person, and that sexuality is a vital aspect of the human spirit, the Reproductive Health division of Signature Health, Inc. will continue to offer a series of workshops dealing with personal growth and focusing specifically on developing the skills necessary to choose, cultivate, and maintain healthy relationships grounded in mutual respect. Among issues to be discussed will be the overall benefits derived from participation in relationships that are affirming and mature, as opposed to the disadvantages of participation in destructive relationships. The ability to participate in a healthy relationship will improve quality of life, self-esteem, and self-efficacy for consumers.

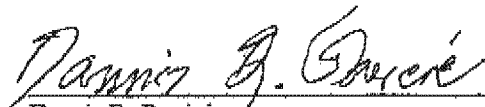
In this joint venture, the BRIDGES site will be the location for these workshops as they are a logical extension of the motivational traits taught in the Personal Development Program. These workshops will be a concentrated forum for the development, maintenance, and enrichment of personal relationships. Consumers involved in the mental health system will be invited to participate. Input from consumers will be sought in the design of the workshops, and feedback from participants will be utilized to improve the workshops for future participants.

Workshops will be informational and educational in nature, concentrated and limited in time. Those clients desiring more individual attention or more detailed information will be referred to the Family Planning Association location to be seen by a social work professional and/or healthcare provider, depending on their needs.



Mary Wynne-Peaspanen  
Director of Reproductive Health Operations  
Signature Health, Inc.

4/28/21  
Date



Damir R. Pavicic  
Executive Director  
BRIDGES: Mental Health Consumer  
Empowerment

4/28/21  
Date

Signature Health, Inc.  
25000 N. Meridian Ave.  
Ann Arbor, MI 48106  
Tel: 734.266.0900  
Fax: 734.266.1237  
A Signature Health, Inc. document

### Signature Health Board Roster

Charles Strawbridge, Treasurer – Finance Committee  
Controller, Chromaflo Technologies, Inc.  
6409 Old Woods Road  
Ashtabula, Ohio 44004-7543

Earl Tucker  
Retired Paramedic  
1317 Walnut Blvd.  
Ashtabula, OH 44004

Georgia Brickman – Executive Committee  
Director of eBusiness, STERIS Corp.  
9671 Little Mountain Road  
Mentor, OH 44060

Giovanni DiLalla – Governance and QA Committee  
President, American Copier Solutions, Inc.  
8022 Gildersleeve Drive  
Kirtland, OH 44094

Heather Brissett – Executive Committee  
Director of Wellness & Family Resource Center  
Murtis Taylor Human Services System  
4434 Brooks Road  
Cleveland, OH 44105

Jennifer Sample – Governance and QA Committee  
MPAS, PA-C|Admissions Coordinator, PA Program | Assistant Professor, Health  
Sciences  
Lake Erie College  
183 Amy Ave.  
Madison, OH 44057

Josephine Jones, Board Chair – Executive Committee  
Consulting Director of Behavioral Medicine at Lake Health  
592 Hidden Harbor Drive  
Fairport Harbor, Ohio 44077

Kelly Farrell – Credentialing/Personnel Committee  
President, designRoom  
2075 Evergreen Rd.  
Perry, OH 44081

Mark Castell – Finance Committee  
Partner, Cerity Partners, LLC  
148 Larimar Drive  
Willowick, OH 44095

Paula Anzlovar – Finance Committee  
Retired Research Manager, Lubrizol  
8879 Camelot Drive  
Chesterland, OH 44026

Paul Brickman – Governance and QA Committee  
Marketing Consultant, PSB Management  
2054 Marsh Lane  
Painesville, OH 44077

Paul Fuller – Finance Committee  
Retired Executive Director Ashtabula Job and Family Services Dept.  
1221 Locust Dr.  
Ashtabula, OH 44004

Stephanie Malbasa, Board Secretary – Executive Committee  
Attorney & Counselor at Law, Malbasa & Associates  
2 Bratenahl Place, Ste. 4-D  
Bratenahl, OH 44108



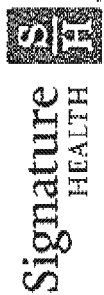
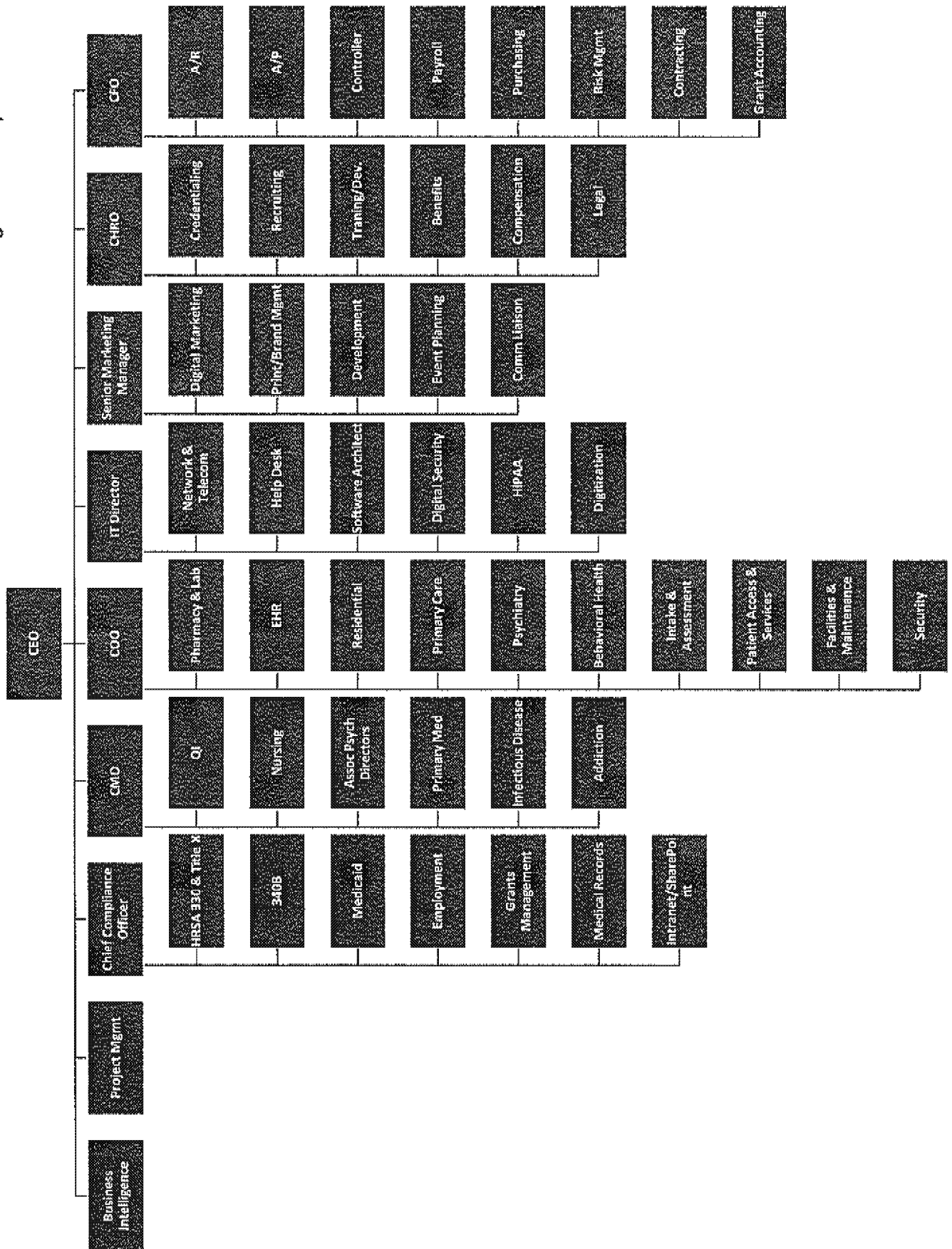


Table of Organization -- April 2021





Signature  
HEALTH

When you need help now.

Signature Health, Inc.  
and Subsidiaries

Consolidated Financial Statements  
December 31, 2019 and 2018

Cohen & Co

[cohenca.com](http://cohenca.com)

SIGNATURE HEALTH, INC. AND SUBSIDIARIES

DECEMBER 31, 2019 AND 2018

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# Cohen & Co<sup>®</sup>

## Independent Auditors' Report

Board of Directors  
Signature Health, Inc. and Subsidiaries

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Signature Health, Inc. and Subsidiaries (the Organization), which comprise the consolidated statement of financial position as of December 31, 2019 and 2018, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

COHEN & COMPANY, LTD.  
Suite 1250, 1000 West 10th Avenue, Denver, Colorado 80202

A signed copy of this report is provided to the board of directors.

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Signature Health, Inc. and Subsidiaries as of December 31, 2019 and 2018, and the changes in their net assets and their cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Effect of Adopting New Accounting Standards**

As discussed in Note 1, the Organization adopted Financial Accounting Standards Board's Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers*, Accounting Standards Update (ASU) No. 2018-08, *Not-for-profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (Topic 958)*, and ASU No. 2019-06, *Extending the Private Company Accounting Alternatives on Goodwill and Certain Identifiable Intangible Assets to Not-for-Profit Entities*. Our opinion is not modified with respect to these matters.

### **Other Matters**

Our 2019 audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

### **Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated November 2, 2020, on our consideration of Signature Health, Inc. and Subsidiaries' internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Signature Health, Inc. and Subsidiaries' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Signature Health, Inc. and Subsidiaries' internal control over financial reporting and compliance.

*Cohen & Company Ltd.*

Cleveland, Ohio  
November 2, 2020

CONFIDENTIAL

SIGNATURE HEALTH, INC. AND SUBSIDIARIES

PAGE 4

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2019 AND 2018

	2019	2018		2019	2018
ASSETS			LIABILITIES AND NET ASSETS		
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
Cash and cash equivalents	\$ 7,934,108	\$ 5,463,486	Current portion of long-term debt	\$ 1,344,253	\$ 733,934
Accounts receivable	10,295,006	9,345,118	Accounts payable	2,302,967	970,661
Inventories	1,694,446	1,568,078	Accrued payroll and related expenses	3,612,666	3,181,173
Prepaid expenses and other assets	413,493	651,454	Other accrued expenses	1,819,607	883,132
	<u>20,337,053</u>	<u>17,028,136</u>	Current portion of third party advances	3,193,256	1,665,068
			Current portion of lease incentive	62,862	62,862
				<u>12,335,611</u>	<u>7,496,830</u>
<b>PROPERTY AND EQUIPMENT - AT COST</b>					
Land	77,000	77,000	<b>LONG-TERM LIABILITIES</b>		
Buildings	317,200	317,200	Long-term debt	4,040,767	4,792,299
Leasehold and building improvements	1,977,931	1,746,995	Third party advances	714,820	3,630,136
Furniture and fixtures	699,310	601,613	Lease incentive	309,070	371,932
Office equipment	566,033	350,224		<u>5,064,657</u>	<u>8,794,367</u>
Lab equipment	736,703	698,443			
Autos and trucks	99,792	65,223			
Computer equipment	209,444	209,444			
Software	457,109	367,284			
Construction in progress	1,154,365	36,172			
	<u>6,294,887</u>	<u>4,469,598</u>	<b>COMMITMENTS AND CONTINGENCIES</b>		
Less: Accumulated depreciation and amortization	1,853,322	1,306,383			
	<u>4,441,565</u>	<u>3,163,215</u>			
			<b>NET ASSETS</b>		
<b>OTHER ASSETS</b>			Without donor restrictions	13,969,526	11,253,854
Goodwill - Net	6,118,176	6,797,951	With donor restrictions	33,250	33,250
Deposits and other assets	506,250	588,999		<u>14,002,776</u>	<u>11,287,104</u>
	<u>6,624,426</u>	<u>7,386,950</u>			
	<u>\$ 31,403,044</u>	<u>\$ 27,578,301</u>		<u>\$ 31,403,044</u>	<u>\$ 27,578,301</u>

The accompanying notes are an integral part of these consolidated financial statements.

ADAMHS000029222

DEF-MDL-14385.00106



## SIGNATURE HEALTH, INC. AND SUBSIDIARIES

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## CONSOLIDATED STATEMENT OF ACTIVITIES

YEAR ENDED DECEMBER 31, 2019

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE			
Net patient service			
Outpatient services	\$ 40,165,595		\$ 40,165,595
Pharmacy services	30,241,006		30,241,006
Residential services	2,713,423		2,713,423
Lab services	1,657,185		1,657,185
	<u>74,777,209</u>		<u>74,777,209</u>
Grants	3,308,571	\$ 66,500	3,375,071
Other revenue	417,382		417,382
Net assets released from restrictions	66,500	(66,500)	
	<u>78,569,662</u>		<u>78,569,662</u>
EXPENSES			
Program services			
Outpatient services	43,004,913		43,004,913
Pharmacy services	17,508,434		17,508,434
Residential services	2,201,628		2,201,628
Lab services	947,091		947,091
	<u>63,662,066</u>		<u>63,662,066</u>
Supporting services			
Management and general	<u>11,207,923</u>		<u>11,207,923</u>
Total expenses	<u>74,869,989</u>		<u>74,869,989</u>
CHANGE IN NET ASSETS FROM OPERATIONS	3,699,673		3,699,673
LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	<u>984,001</u>		<u>984,001</u>
CHANGE IN NET ASSETS	2,715,672		2,715,672
NET ASSETS - BEGINNING OF YEAR	<u>11,253,854</u>	<u>33,250</u>	<u>11,287,104</u>
NET ASSETS - END OF YEAR	<u>\$ 13,969,526</u>	<u>\$ 33,250</u>	<u>\$ 14,002,776</u>

*The accompanying notes are an integral part of these consolidated financial statements.*

## SIGNATURE HEALTH, INC. AND SUBSIDIARIES

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## CONSOLIDATED STATEMENT OF ACTIVITIES

YEAR ENDED DECEMBER 31, 2018

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE			
Net patient service			
Outpatient services	\$ 36,302,912		\$ 36,302,912
Pharmacy services	24,223,106		24,223,106
Lab services	1,682,301		1,682,301
Residential services	1,629,799		1,629,799
	<u>63,838,118</u>		<u>63,838,118</u>
Grants	2,735,544		2,735,544
Other revenue	558,380	\$ 66,500	624,880
Net assets released from restrictions	72,450	(72,450)	
	<u>67,204,492</u>	<u>(5,950)</u>	<u>67,198,542</u>
EXPENSES			
Program services			
Outpatient services	36,276,227		36,276,227
Pharmacy services	15,218,177		15,218,177
Residential services	2,227,522		2,227,522
Lab services	911,821		911,821
	<u>54,633,747</u>		<u>54,633,747</u>
Supporting services			
Management and general	9,379,613		9,379,613
	<u>64,013,360</u>		<u>64,013,360</u>
CHANGE IN NET ASSETS	3,191,132	(5,950)	3,185,182
NET ASSETS - BEGINNING OF YEAR	<u>8,062,722</u>	<u>39,200</u>	<u>8,101,922</u>
NET ASSETS - END OF YEAR	<u>\$ 11,253,854</u>	<u>\$ 33,250</u>	<u>\$ 11,287,104</u>

The accompanying notes are an integral part of these consolidated financial statements.

SIGNATURE HEALTH, INC. AND SUBSIDIARIES

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## CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2019

	PROGRAM SERVICES				TOTAL PROGRAM SERVICES	MANAGEMENT AND GENERAL	TOTAL
	OUTPATIENT SERVICES	PHARMACY SERVICES	RESIDENTIAL SERVICES	LAB SERVICES			
Salaries, wages, and related taxes and benefits	\$ 32,572,496	\$ 2,962,952	\$ 1,814,017	\$ 776,993	\$ 38,126,458	\$ 10,322,026	\$ 48,448,484
Medication		13,766,013			13,766,013		13,766,013
Occupancy	3,155,372	246,110	44,569	53,707	3,499,758	76,962	3,576,720
Professional fees	1,391,031	106,640	19,312	23,271	1,540,254	33,348	1,573,602
Equipment maintenance and subscriptions	1,150,776	88,221	15,976	19,252	1,274,225	27,588	1,301,813
Operating supplies	945,500	75,676	21,787	16,514	1,059,477	83,592	1,143,069
Travel and entertainment	754,022	57,805	10,468	12,614	834,909	18,076	852,985
Interest						349,996	349,996
Telephone	232,189	21,510	13,290	4,694	271,683	76,377	348,060
Insurance	217,014	20,104	12,421	4,387	253,926	71,385	325,311
Printing and postage	275,744	21,139	3,828	4,613	305,324	6,610	311,934
Dues, subscriptions, and training	196,028	18,160	11,220	3,963	229,371	64,462	293,833
Marketing	149,600	12,344	4,451	2,694	169,089	20,285	189,374
Other operating expenses	914,347	9,004	211,681	1,965	1,136,997	25,063	1,162,060
Total expenses before depreciation and amortization	41,954,119	17,405,678	2,183,020	924,667	62,467,484	11,175,790	73,643,274
Depreciation and amortization	1,050,794	102,756	18,608	22,424	1,194,582	32,133	1,226,715
	<u>\$ 43,004,913</u>	<u>\$ 17,508,434</u>	<u>\$ 2,201,628</u>	<u>\$ 947,091</u>	<u>\$ 63,662,066</u>	<u>\$ 11,207,923</u>	<u>\$ 74,869,989</u>

The accompanying notes are an integral part of these consolidated financial statements.

## SIGNATURE HEALTH, INC. AND SUBSIDIARIES

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## CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2018

	PROGRAM SERVICES				TOTAL PROGRAM SERVICES	MANAGEMENT AND GENERAL	TOTAL
	OUTPATIENT SERVICES	PHARMACY SERVICES	RESIDENTIAL SERVICES	LAB SERVICES			
Salaries, wages, and related taxes and benefits	\$ 30,261,693	\$ 2,502,495	\$ 1,927,801	\$ 580,597	\$ 35,272,586	\$ 6,234,376	\$ 41,506,962
Medication		12,064,198			12,064,198		12,064,198
Occupancy	2,448,114	226,000	128,656	52,358	2,855,128	284,400	3,139,528
Professional fees	242,866	93,611	8,307	3,063	347,847	1,241,286	1,589,133
Equipment maintenance and subscriptions	169,437	69,370	14,754	8,081	261,642	672,636	934,278
Operating supplies	540,184	77,502	29,640	179,868	827,194	78,748	905,942
Travel and entertainment	656,616	9,687	8,880	2,923	678,106	89,035	767,141
Insurance	310,180	26,118	20,387	5,508	362,193	67,194	429,387
Interest						388,268	388,268
Telephone	233,676	19,676	15,359	4,150	272,861	50,621	323,482
Printing and postage	151,865	78,463	1,610		231,938	80,952	312,890
Dues, subscriptions, and training	208,661	17,570	13,715	3,705	243,651	45,202	288,853
Marketing	61,027	5,102	3,983	1,076	71,188	109,522	180,710
Other operating expenses	510,382	10,061	7,852	2,122	530,417	25,889	556,300
Total expenses before depreciation and amortization	35,794,701	15,199,853	2,180,944	843,451	54,018,949	9,368,123	63,387,072
Depreciation and amortization	481,526	18,324	46,578	68,370	614,798	11,490	626,288
	<u>\$ 36,276,227</u>	<u>\$ 15,218,177</u>	<u>\$ 2,227,522</u>	<u>\$ 911,821</u>	<u>\$ 54,633,747</u>	<u>\$ 9,379,613</u>	<u>\$ 64,013,360</u>

The accompanying notes are an integral part of these consolidated financial statements.

## SIGNATURE HEALTH, INC. AND SUBSIDIARIES

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## CONSOLIDATED STATEMENT OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
----- CASH FLOW PROVIDED FROM OPERATING ACTIVITIES		
Change in net assets	\$ 2,715,672	\$ 3,185,182
Noncash items included in operations		
Depreciation and amortization	1,226,715	626,288
Amortization of lease incentive	(62,862)	(62,862)
Loss on disposal of property and equipment	984,001	
Increase (decrease) in cash and cash equivalents caused by changes in current items		
Accounts receivable	(949,888)	(3,344,292)
Inventories	(126,368)	(250,777)
Prepaid expenses and other assets	237,961	24,619
Accounts payable	1,332,306	(130,631)
Accrued payroll and related expenses	431,493	216,480
Other accrued expenses	936,475	333,207
Third party advances	(1,387,128)	5,295,204
Net cash flow provided from operations	<u>5,338,377</u>	<u>5,892,418</u>
CASH FLOW USED IN INVESTING ACTIVITIES		
Acquisition of property and equipment	(2,809,291)	(516,440)
Decrease (increase) in deposits and other assets	82,749	(119,976)
	<u>(2,726,542)</u>	<u>(636,416)</u>
CASH FLOW USED IN FINANCING ACTIVITIES		
Net repayments on note payable		(952,823)
Borrowings on long-term debt	564,670	1,000,000
Repayments of long-term debt	(705,883)	(1,704,074)
	<u>(141,213)</u>	<u>(1,656,897)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	2,470,622	3,599,105
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	<u>5,463,486</u>	<u>1,864,381</u>
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 7,934,108</u>	<u>\$ 5,463,486</u>
SUPPLEMENTAL FINANCIAL INFORMATION		
Interest paid	<u>\$ 349,996</u>	<u>\$ 388,268</u>

*The accompanying notes are an integral part of these consolidated financial statements.*

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The consolidated financial statements include the accounts of Signature Health, Inc. (Signature), and its wholly-owned subsidiaries: North East Ohio Health Services, Inc. dba Connections: Health\*Wellness\*Advocacy (Connections), ORCA House, Inc. (ORCA), and The Family Planning Association of Northeast Ohio, Inc. (Family Planning), collectively referred to as the Organization. All material intercompany accounts and transactions have been eliminated in consolidation.

Description of Organizations

Signature is a non-profit organization providing integrated community health services in Northeast Ohio with offices in Ashtabula, Lake, and Cuyahoga counties. Signature became a Federally Qualified Health Center in 2016. Signature also operates a pharmacy in each of the three counties. In 2017, the Organization began providing lab services to patients.

Connections is a non-profit organization providing comprehensive integrated health and pharmaceutical services in Cuyahoga County.

ORCA is a non-profit organization helping those who suffer from alcoholism and drug addiction. ORCA serves those who are ready to make the changes necessary in their lives to overcome their active addiction and begin the road to recovery.

Family Planning is a non-profit organization providing reproductive healthcare services. Family Planning promotes informed decision-making about parenthood and sexuality.

Revenue Recognition and Adoption of New Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued guidance (Accounting Standards Codification [ASC] 606, *Revenue from Contracts with Customers*), which provides a five-step analysis of contracts to determine when and how revenue is recognized and replaces most existing revenue guidance in U.S. generally accepted accounting principles (GAAP). The core principle of the new guidance is that an entity should recognize revenue to reflect the transfer of goods and services to customers in an amount equal to the consideration the entity receives or expects to receive. ASC 606 is effective for annual reporting periods beginning after December 15, 2018. The Organization adopted the provisions of ASC 606 using the full retrospective method. See Note 11 for further discussion regarding the transition method. Concurrent with the adoption of ASC 606, the Organization has elected to apply certain practical expedients available to nonprofit organization with respect to disclosure requirements.

The Organization has also adopted Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (Topic 958)*, which is effective for annual periods beginning after December 15, 2018, for resource recipients on the modified prospective basis. Under the modified prospective basis, the Organization applied ASU 2018-08 to contracts that were not completed as of January 1, 2019, and entered into after January 1, 2019.



## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition and Adoption of New Accounting Pronouncements (continued)

ASU 2018-08 provides a more robust framework for determining whether a transaction should be accounted for as a contribution or as an exchange transaction. The ASU clarifies how a not-for-profit organization determines whether a resource provider is participating in an exchange transaction. ASU 2018-08, defines a contribution as "an unconditional transfer of cash or other assets, as well as unconditional promises to give, to an entity, or a reduction, settlement, or cancellation of its liabilities in a voluntary nonreciprocal transfer by another entity acting other than as an owner." Thus, the transfer of assets or settlement of liabilities must be both voluntary and nonreciprocal to be a contribution. These characteristics distinguish contributions from exchanges, which are reciprocal transfers in which each party receives and sacrifices approximate commensurate value. Contributions are accounted for within the scope of ASC Topic 958, while exchanges are recognized as revenue under ASC 606 when performance obligations are satisfied.

Revenue from Contracts with Customers

The Organization reports net patient service revenues at the amounts that reflect the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are primarily due from patients and third-party payers such as managed care organizations, government programs such as Medicaid and Medicare, and insurance companies, and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Outpatient, residential, and lab patient revenues are recognized when services are provided. Pharmacy revenue is recognized when the prescriptions are filled.

The Organization determines the transaction price based on gross charges for services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Organization's policy, and implied price concessions. The Organization estimates contractual adjustments, discounts, and implicit price concessions based on contractual agreements, discount policies, and historical experience using a portfolio approach as a practical expedient to account for certain patient contracts as a collective group rather than individually. The consolidated financial statement effects of using this practical expedient are not materially different from an individual contract approach.

The Organization has elected the financing component practical expedient and does not adjust the promised amount of consideration from patients and third-party payers for the effects of a significant component due to the Organization's expectation that the period between the time the service is provided to the patient and the time the patient or third party payer pays for that service will be one year or less.

Contribution Revenue

The Organization recognizes contributions when cash, securities, or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition and Adoption of New Accounting Pronouncements (continued)Contribution Revenue (continued)

A portion of the Organization's revenue is derived from cost-reimbursable federal, state, and county contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the consolidated statement of financial position. The Organization received cost-reimbursable grants of \$1,198,661 that have not been recognized at December 31, 2019, because qualifying expenditures have not yet been incurred. Grantors may, at their discretion, request reimbursement for unallowed expenses as a result of noncompliance by the Organization with the terms of the grant. On certain grants, if advances exceed eligible costs, the funds must be returned to the grantor. Grant funds that were required to be returned at December 31, 2019, was approximately \$317,000 and included in accounts payable. No amounts were required to be returned at December 31, 2018.

All donor-restricted support that was initially a conditional contribution and for which the donor-imposed conditions and restrictions are met in the same reporting period are reported as increases in net assets without donor restrictions. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Revenue Recognition Prior to the Adoption of ASU 2018-08

The Organization recognizes grants from governmental agencies as exchange transactions. The grants require the Organization to provide services of approximate equal value to the amounts received under the grants.

The Organization recognizes funds as support from grants when eligible costs are incurred. A receivable is recorded to the extent grants earned exceed cash advances. Conversely, deferred revenue is recorded when grant or contract cash advances exceed support earned. The grantors may, at their discretion, request reimbursement for unallowed expenses as a result of noncompliance by the Organization with the terms of the grant. On certain grants, if advances exceed eligible costs, the funds must be returned to the grantor. No funds were required to be returned during 2018.

Contributions are recognized when the donor makes a promise to give to the Organization, that is, in substance, unconditional. All donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

The Organization considers all highly liquid investments, including nonnegotiable certificates of deposit, with original maturities of three months or less at the date of purchase to be cash and cash equivalents. At times, the cash balances held at three separate financial institutions may exceed the amount insured by the Federal Deposit Insurance Corporation.

Accounts Receivable

Accounts receivable primarily include patient receivables which are amounts primarily due from patients and third-party payers. These amounts are due under various payment terms. Patient receivables are stated at the amount the Organization expects to collect on the outstanding balances (see Note 1). Accounts receivable also includes grants and contributions receivable.

The carrying amount of grants and contributions receivable is reduced by a valuation allowance that reflects management's best estimate of the amounts that will not be collected. Management's decision regarding collectability of grants and contributions receivable is determined on the basis of historical experience. When grants and contributions receivables are determined to be uncollectible, they are written off against the allowance for doubtful accounts. In the opinion of management, no allowance was deemed necessary at December 31, 2019 and 2018.

Inventories

Inventories consist primarily of pharmacy related products such as prescription and over-the-counter drugs, and are stated at the lower of cost or net realizable value, determined on a first-in, first-out (FIFO) cost basis. At December 31, 2019 and 2018, a reserve for obsolete or slow moving inventory was not considered necessary.

Property and Equipment

The Organization's policy is to capitalize assets with estimated useful lives greater than one year and an acquisition cost of \$5,000 or greater.

Property and equipment purchased by the Organization is recorded at cost. Donated property and equipment is recorded at estimated fair value at the date of donation. Depreciation and amortization is provided using the straight-line method over the estimated useful lives of the assets.

Buildings	40 years
Leasehold and building improvements	lesser of life of lease or 40 years
Furniture and fixtures	2 - 10 years
Office, lab, and computer equipment	2 - 5 years
Autos and trucks	5 years
Software	2 - 3 years

Maintenance and repairs are generally not considered betterments, do not extend the useful life of property and equipment, and are charged to expense as incurred.

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Goodwill

As of January 1, 2019, the Organization adopted ASU No. 2019-06, *Extending the Private Company Accounting Alternatives on Goodwill and Certain Identifiable Intangible Assets to Not-for-Profit Entities*, which extends the accounting alternative offered to non-public entities for subsequent measurement of goodwill to not-for-profit entities. In accordance with this alternative, the Organization amortizes goodwill, prospectively, on a straight-line basis over ten years and only evaluates goodwill for impairment at the entity level when a triggering event occurs.

Self-Insured Medical Insurance

The Organization provides health insurance coverage for certain employees under its own self-insured medical plan. Medical expenses are accrued based on amounts required to settle known (reported) claims and estimated amounts required to satisfy claims incurred but not yet reported (IBNR claims). At December 31, 2019 and 2018, the accompanying consolidated financial statements include an accrual of \$362,569 and \$482,622, respectively, for reported and IBNR claims based on the Organization's experience of the claims actually made.

Management believes that the liability for the self-funded medical coverage is adequate; however, the ultimate liability may vary from the amount provided. The methods for making such estimates and for establishing the liability are continually reviewed, and any adjustments are reflected in earnings in the period in which final adjustments occur.

Income Taxes

Signature Health, Inc. and its wholly-owned subsidiaries are Ohio non-profit corporations exempt from federal income taxes under the current provisions of Internal Revenue Code Section 501(c)(3).

The Organization recognizes and discloses uncertain tax positions in accordance with GAAP. As of and for the years ended December 31, 2019 and 2018, the Organization did not have a liability for unrecognized tax benefits.

Concentration of Risk

A significant portion of the Organization's revenue is from Medicaid and Medicare. Revenue from these sources amounted to approximately 88% and 93% of net patient service revenue during 2019 and 2018, respectively. At December 31, 2019 and 2018, Medicaid and Medicare receivables accounted for approximately 77% and 90% of accounts receivable, respectively.

Functional Allocation of Expenses

The statements of activities and functional expenses report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and related taxes and benefits, occupancy, and overhead, which are allocated on the basis of estimates of time and effort.

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

Management uses estimates and assumptions in preparing the consolidated financial statements in accordance with GAAP. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could vary from estimates that were used.

Subsequent Events

Management has evaluated subsequent events through November 2, 2020, the date the consolidated financial statements were available to be issued.

## 2. LIQUIDITY AND AVAILABILITY OF RESOURCES

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs, the Organization has a committed line of credit in the amount of \$2,000,000 (\$5,000,000 beginning in January 2020), which can be drawn upon if necessary.

The Organization's financial assets available to meet cash needs for general expenditures within one year were as follows at December 31:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 7,934,108	\$ 5,463,486
Accounts receivable	<u>10,295,006</u>	<u>9,345,118</u>
Total financial assets available to meet cash needs for general expenditures within one year	<u>\$ 18,229,114</u>	<u>\$ 14,808,604</u>

## 3. ACCOUNTS RECEIVABLE

At December 31, 2019 and 2018, accounts receivable consisted of the following:

	<u>2019</u>	<u>2018</u>
Patient receivables	\$ 9,346,868	\$ 8,696,561
Grant and contribution receivables	715,878	400,643
Other receivables	<u>232,260</u>	<u>247,914</u>
	<u>\$ 10,295,006</u>	<u>\$ 9,345,118</u>



## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 4. GOODWILL – NET

At December 31, 2019 and 2018, goodwill consisted of the following:

	<u>2019</u>	<u>2018</u>
Gross carrying amount of goodwill	\$ 6,797,951	\$ 6,797,951
Less: Accumulated amortization	<u>679,775</u>	<u>679,775</u>
	<u>\$ 5,118,176</u>	<u>\$ 6,797,951</u>

At December 31, 2019, future annual amortization expense is expected to be approximately \$679,800 through 2028.

## 5. THIRD PARTY ADVANCES

During 2018, the Ohio Department of Medicaid required certain managed care organizations to provide cash advances to the Organization as a result of delays in collections on claims. These amounts are to be paid back to the managed care organizations once claims payments stabilize, as dictated by the Ohio Department of Medicaid. The advances classified as current on the accompanying consolidated statement of financial position are expected to be repaid within twelve months.

## 6. NOTE PAYABLE

At December 31, 2019 and 2018, Signature maintains a line of credit facility with a bank with maximum borrowings of \$2,000,000, amended to \$5,000,000 in January 2020, which expires in January 2021. The outstanding borrowings bear interest at the one-month London Inter-bank Offered Rate (1.75% - December 31, 2019; 2.50% - December 31, 2018) plus 3.00%. Borrowings under the facility are collateralized by substantially all assets of the Organization and the facility contains various financial and non-financial covenants, as defined. At December 31, 2019 and 2018, there were no outstanding borrowings.

## 7. LONG-TERM DEBT

At December 31, 2019 and 2018, long-term debt consisted of the following:

	<u>2019</u>	<u>2018</u>
Note, payable to a bank in monthly installments of \$10,612, including interest at 3.95%, through July 2021, collateralized by specific equipment.	\$ 195,045	\$ 312,031
Note, payable to a financing company in monthly installments of \$358, including interest at 7.04%, through May 2022, collateralized by a specific vehicle.	9,329	12,792



## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 7. LONG-TERM DEBT (Continued)

	<u>2019</u>	<u>2018</u>
Note, payable to a financing company in monthly installments of \$750, including interest at 6.99%, through April 2021, collateralized by a specific vehicle.	11,868	19,695
Note, payable to a bank in monthly installments of \$1,622, including interest at 3.91%, through September 2020, collateralized by specific buildings.	14,264	32,409
Mortgage, payable to a bank in monthly installments of \$2,116, including interest at the 5 year Treasury Constant Maturity rate (2.51% - December 31, 2019; 2.20% - December 31, 2018) plus 2.32%, through February 2026, collateralized by specific buildings.	294,135	308,892
Subordinated notes, payable to former shareholders for equity interest conversion in 2016, payable in varying monthly installments, including interest at 7.00%, beginning May 2017 through May 2037. In 2017, a former shareholder contributed \$1,195,455, which was applied to the subordinated note payable and recorded as a contribution.	3,166,294	3,266,965
Term note, payable to a bank in monthly installments of \$44,205, including interest at 3.87% through February 2022, collateralized by a specific cash savings account of a former shareholder.	1,129,415	1,573,449
Note, payable to a financial institution of up to \$1,381,577 with draws to fund software implementation and then conversion to a 60-month lease. During 2019, the Organization decided to no longer move forward with the software implementation and a loss on property and equipment was recorded of \$984,001 in 2019. In 2020, the outstanding balance was paid off in full and the agreement was terminated.	564,670	
	5,385,020	5,526,233
Less: Current portion	1,344,253	733,934
	<u>\$ 4,040,767</u>	<u>\$ 4,792,299</u>

At December 31, 2019, future maturities of long-term debt are as follows:

2020	\$ 1,344,253
2021	722,479
2022	224,475
2023	144,579
2024	154,388
Thereafter	2,794,846
	<u>\$ 5,385,020</u>

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 7. LONG-TERM DEBT (Continued)

Interest expense incurred on long-term debt and the note payable was approximately \$350,000 and \$388,000 in 2019 and 2018, respectively.

The term note payable to a bank contains requirements for the maintenance of certain financial and non-financial covenants, as defined.

## 8. RETIREMENT PLAN

The Organization has a defined contribution 401(k) plan which covers all eligible employees of Signature Health, Inc. and its wholly-owned subsidiaries. The Organization is required to make safe harbor matching contributions equal to 100% of the first 4% of compensation that a participant contributes to the Plan. The Organization's matching contributions amounted to \$804,800 and \$673,587 in 2019 and 2018, respectively.

## 9. COMMITMENTS AND CONTINGENCIES

Leases

The Organization has various leases for its office, clinical, and storage space. Several of the facility leases are on a long-term basis expiring at various times through July 2029, while other locations are leased on a month-to-month basis. Total rent expense under these leases was approximately \$2,643,000 and \$2,377,000 for 2019 and 2018, respectively.

At December 31, 2019, future minimum annual lease payments are as follows:

2020	\$ 2,284,996
2021	1,889,585
2022	1,724,873
2023	1,552,275
2024	1,562,587
Thereafter	<u>4,725,047</u>
	<u>\$ 13,739,363</u>

Connections leases a facility in Beachwood expiring in November 2025. As an incentive to remain in this location, Connections was able to negotiate an amount for leasehold improvements in the amount of \$691,480, which is amortized over the life of the lease. The unamortized balance of \$371,932 and \$434,794 as of December 31, 2019 and 2018, respectively, is recorded as a lease incentive on the accompanying consolidated statement of financial position with the amortization offsetting rent expense in the amount of \$62,862 each year on the accompanying consolidated statement of activities. Estimated amortization expense during each of the next five years is expected to be \$62,862.

Litigation

In the ordinary course of operations, the Organization is involved in various legal proceedings and disputes incidental to their organization. Management believes that the resolution of these matters will not have a material adverse effect on the consolidated financial statements or the financial position of the Organization.

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 9. COMMITMENTS AND CONTINGENCIES (Continued)

Laws and Regulations

Laws and regulations governing the Organization's programs are complex and subject to interpretation. Potential noncompliance with laws and regulations can be subject to future government review and interpretation as well as regulatory action. The Organization believes it is in compliance with all applicable laws and regulations and believes there are no material contingencies related to laws and regulations governing its programs.

## 10. NET ASSETS

At December 31, 2019 and 2018, net assets with donor restrictions were available for the following:

	<u>2019</u>	<u>2018</u>
Outpatient services from United Way	\$ <u>33,250</u>	\$ <u>33,250</u>

## 11. REVENUES

Disaggregation of Revenue

The Organization disaggregates revenue based on the type of service provided to customers and patients. The accompanying consolidated statement of activities shows those disaggregated revenue streams for the years ended December 31, 2019 and 2018. Substantially all patient service revenue is recognized at a point in time.

Full Retrospective Transition Method

As discussed in Note 1, the Organization adopted the requirements of ASC 606 as of January 1, 2018, utilizing a full retrospective method of transition. The Organization applied ASC 606 using the following transition practical expedients which are provided in ASC 606: (1) revenue from contracts which begin and end in the same fiscal year have not been restated; (2) hindsight was used when determining the transaction price for contracts that include variable consideration, rather than estimating variable consideration amounts in the comparative reporting period; (3) the amount of transaction price allocated to unsatisfied performance obligations and when those amounts are expected to be recognized, for the reporting periods prior to the date of initial application of the guidance, have not been disclosed; and (4) all contract modifications that occurred prior to the date of initial application when identifying satisfied and unsatisfied performance obligations, determining the transaction price, and allocating the transaction price have been reflected in the aggregate.

The majority of the Organization's revenue is recognized at a point in time based on transfer of control. Revenue recognized over time primarily consists of performance obligations that are satisfied within one year or less. In addition, contract modifications are generally minimal. For these reasons, there is not a significant impact as a result of electing these transition practical expedients.

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

## 11. REVENUES (Continued)

Full Retrospective Transition Method (continued)

The most significant impact of adopting ASC 606 is the Organization is no longer presenting provision for bad debts as a separate line item on the consolidated statement of activities. The Organization has also eliminated the presentation of allowance for doubtful accounts relating to revenue from contracts with customers on the consolidated statement of financial position. The adoption of ASC 606 did not impact the consolidated cash flow statement or the opening balance of net assets at January 1, 2018. As of January 1, 2018, accounts receivable from contracts with customers was approximately \$5,731,000. The majority of the Organization's revenue arrangements generally consist of a single performance obligation to transfer promised goods or services. Based on the Organization's evaluation of its contracts with customers, the timing and amount of revenue recognized previously is consistent with how revenue is recognized under the new standard. No changes were required to previously reported revenues as a result of adoption, other than netting the provision for bad debts of \$1,326,374 with outpatient revenue as of and for the year ended December 31, 2018.

## 12. SUBSEQUENT EVENTS

The United States and the State of Ohio declared a state of emergency in March 2020 due to the COVID-19 pandemic. The extent of the impact of COVID-19 on the Organization's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on the Organization's patients, third-party payers, grantors, employees, and vendors, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Organization's financial condition or results of operations is uncertain.

Throughout the second and third quarter of 2020, the Organization received grants from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services (HHS), and through HHS itself, as part of the Coronavirus Aid, Relief, and Economic Security Act. These funds were intended to support healthcare-related expenses or lost revenue due to COVID-19. These distributions do not need to be repaid to the U.S. government, assuming compliance with certain terms and conditions.

In September 2020, the Organization entered into an agreement with the Development Fund of Western Reserve for the allocation of New Markets Tax Credits to subsidize the development and buildout of medical and behavioral health operations in Painesville, Ohio, to meet the healthcare needs of this community. The new operations in Painesville are currently under construction and expected to be completed in July 2021.

SIGNATURE HEALTH, INC. AND SUBSIDIARIES

SUPPLEMENTAL FINANCIAL INFORMATION

DECEMBER 31, 2019

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## SIGNATURE HEALTH, INC. AND SUBSIDIARIES

PAGE 22

## SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

YEAR ENDED DECEMBER 31, 2019

Federal Grantor/Pass-Through Grantor/Program Title	Identifying #	CFDA #	Federal Expenditures
<u>Health Center Program Cluster</u>			
United States Department of Health and Human Services Health Center Program	H80CS30718	93.224	\$ 1,224,699
Grants for New and Expanded Services under the Health Center Program	H80CS30718	93.527	33,794
Total Health Center Program Cluster			1,258,493
<u>Other Programs</u>			
United States Department of Health and Human Services passed through the Ohio Department of Health Injury Prevention and Control Research and State and Community Based Programs	04360024VW0117	93.136	40,495
Block Grants for Prevention and Treatment of Substance Abuse	1900563; 2000094	93.959	142,072
HIV Prevention Actives: Health Department Based	N/A	93.940	70,251
United States Department of Health and Human Services passed through the Cuyahoga County District Board of Health HIV Emergency Relief Project Grants	N/A	93.914	291,156
United States Department of Health and Human Services passed through the Ashtabula County Health Department Family Planning Services	N/A	93.217	249,193
Maternal and Child Health Services Block Grant to the States	N/A	93.994	53,704
United States Department of Health and Human Services passed through the Lake County Alcohol, Drug Addiction and Mental Health Services Board Social Services Block Grant	N/A	93.667	18,086
Total United States Department of Health and Human Services			2,123,450
United States Department of Justice passed through the Ohio Attorney General's Office Crime Victim Assistance	132135343	16.575	89,446
			\$ 2,212,896

See accompanying notes to the Schedule of Expenditures of Federal Awards.



# Cohen & Co<sup>TM</sup>

Independent Auditors' Report on Internal Control Over Financial Reporting  
and on Compliance and Other Matters Based on an Audit of  
Financial Statements Performed in Accordance with  
Government Auditing Standards

Board of Directors  
Signature Health, Inc. and Subsidiaries

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Signature Health, Inc. and Subsidiaries, which comprise the consolidated statement of financial position as of December 31, 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated November 2, 2020.

## ***Internal Control Over Financial Reporting***

In planning and performing our audit of the consolidated financial statements, we considered Signature Health, Inc. and Subsidiaries' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Signature Health, Inc. and Subsidiaries' internal control. Accordingly, we do not express an opinion on the effectiveness of Signature Health, Inc. and Subsidiaries' internal control.

*A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.*

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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***Compliance and Other Matters***

As part of obtaining reasonable assurance about whether Signature Health, Inc. and Subsidiaries' consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

***Purpose of this Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Cohen & Company Ltd.*

Cleveland, Ohio  
November 2, 2020

# Cohen & Co<sup>TM</sup>

## Independent Auditors' Report on Compliance for the Major Program and on Internal Control over Compliance Required by the Uniform Guidance

Board of Directors  
Signature Health, Inc. and Subsidiaries

### ***Report on Compliance for the Major Federal Program***

We have audited Signature Health, Inc. and Subsidiaries' compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on Signature Health, Inc. and Subsidiaries' major federal program for the year ended December 31, 2019. Signature Health, Inc. and Subsidiaries' major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

### ***Management's Responsibility***

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of their federal awards applicable to their federal programs.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for Signature Health, Inc. and Subsidiaries' major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Signature Health, Inc. and Subsidiaries' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of Signature Health, Inc. and Subsidiaries' compliance.

### ***Opinion on the Major Federal Program***

In our opinion, Signature Health, Inc. and Subsidiaries complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on their major federal program for the year ended December 31, 2019.

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***Report on Internal Control Over Compliance***

Management of Signature Health, Inc. and Subsidiaries is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Signature Health, Inc. and Subsidiaries' internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Signature Health, Inc. and Subsidiaries' internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Cohen & Company Ltd.*

Cleveland, Ohio  
November 2, 2020

## SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED DECEMBER 31, 2019

## SECTION I – SUMMARY OF AUDITORS' RESULTS

Consolidated Financial Statements

Type of auditors' report issued:		Unmodified
Internal control over financial reporting:		
Material weakness(es) identified?	<u>      </u> Yes	<u>  √  </u> No
Significant deficiencies identified not considered to be material weaknesses?	<u>      </u> Yes	<u>  √  </u> None
Noncompliance material to consolidated financial statements noted?	<u>      </u> Yes	<u>  √  </u> No

Federal Awards

Internal control over the major program:		
Material weakness(es) identified?	<u>      </u> Yes	<u>  √  </u> No
Significant deficiencies identified not considered to be material weaknesses?	<u>      </u> Yes	<u>  √  </u> None
Type of auditors' report issued on compliance for the major program:		Unmodified
Any audit findings disclosed that are required to be reported in accordance with the Uniform Guidance, section 200.516?	<u>      </u> Yes	<u>  √  </u> No

Identification of the major program:

CFDA Number  
93.224, 93.527

Name of Federal Program or Cluster  
Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000

Auditee qualified as low-risk auditee?   √   Yes        No

## SECTION II - FINANCIAL STATEMENT FINDINGS

No matters were reported.

## SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters were reported.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Signature Health, Inc. and Subsidiaries (the Organization) under the programs of the federal government for the year ended December 31, 2019. The information in this Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowable or are limited as to reimbursement.

The Organization has elected not to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.





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## Lake County ADAMHS Board

## Ability to Pay Scale Based on Gross Annual Family Income (effective 1/13/2021)

Family Size	Federal Poverty Guideline Percent		138%		175%		200%		225%		250%	
	No Client Payment		10%		25%		50%		75%			
	From	Thru	From	Thru	From	Thru	From	Thru	From	Thru	From	Thru
1	\$0	\$17,903	\$17,904	\$22,540	\$22,541	\$25,760	\$25,761	\$28,980	\$28,981	\$32,200		
2	\$0	\$24,214	\$24,215	\$30,485	\$30,486	\$34,840	\$34,841	\$39,195	\$39,196	\$43,550		
3	\$0	\$30,524	\$30,525	\$38,430	\$38,431	\$43,920	\$43,921	\$49,410	\$49,411	\$54,900		
4	\$0	\$36,835	\$36,836	\$46,375	\$46,376	\$53,000	\$53,001	\$59,625	\$59,626	\$66,250		
5	\$0	\$43,146	\$43,147	\$54,320	\$54,321	\$62,080	\$62,081	\$69,840	\$69,841	\$77,600		
6	\$0	\$49,456	\$49,457	\$62,265	\$62,266	\$71,160	\$71,161	\$80,055	\$80,056	\$88,950		
7	\$0	\$55,767	\$55,768	\$70,210	\$70,211	\$80,240	\$80,241	\$90,270	\$90,271	\$100,300		
8	\$0	\$62,077	\$62,078	\$78,155	\$78,156	\$89,320	\$89,321	\$100,485	\$100,486	\$111,650		
9	\$0	\$68,388	\$68,389	\$86,100	\$86,101	\$98,400	\$98,401	\$110,700	\$110,701	\$123,000		
10	\$0	\$74,699	\$74,700	\$94,045	\$94,046	\$107,480	\$107,481	\$120,915	\$120,916	\$134,350		
11	\$0	\$81,009	\$81,010	\$101,990	\$101,991	\$116,560	\$116,561	\$131,130	\$131,131	\$145,700		
12	\$0	\$87,320	\$87,321	\$109,935	\$109,936	\$125,640	\$125,641	\$141,345	\$141,346	\$157,050		

ADAMHS000029248

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Retraction Period: From 7/1/2019 To 6/30/2020

Owner Federal Tax ID Number: 34-6758793

Astro-Tel, Inc. 416-578-5200

1	2	3	4	5	6	7	8	9	10	11	12
Type of Service	IRF Line #	Unit Definition	No. of FTEs Assigned	Personnel Class	Non-Personnel Costs	Service Costs	Salary of Admin. Personnel	Total Costs	Cost Unit	Per-Client/Day	Total Allowable Cost
			Direct Service (A)	Support Service (B)	Direct Service (C)	Support Service (D)					
MHI Facility Use & Management	11010	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Assessment, Evaluation & Testing without Medical	11011	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Psychotropic for Crisis Services	11012	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Psychotropic Individual	11013	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Psychotropic Group	11014	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Psychotropic Family Group	11015	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Psychotropic Services, Coordination & Support Services Individual	11016	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Psychotropic Services, Coordination & Support Services Group	11017	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Tele Treatment	11018	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
Behavioral Health Helpline Services	11019	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Peer Res. Organization, Crisis Line, Helpline Services	11020	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Peer Res. Support	11021	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Assessment Services	11022	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Care	11023	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment/Residential Facility	11024	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential	11025	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11026	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11027	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11028	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11029	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11030	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11031	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11032	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11033	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11034	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11035	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11036	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11037	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11038	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11039	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11040	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11041	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11042	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11043	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11044	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11045	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11046	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11047	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11048	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11049	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11050	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11051	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11052	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11053	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11054	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11055	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11056	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11057	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11058	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11059	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11060	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11061	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11062	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11063	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11064	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11065	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11066	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11067	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11068	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11069	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11070	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11071	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11072	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11073	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11074	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11075	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11076	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11077	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11078	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11079	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11080	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11081	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11082	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11083	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11084	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11085	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11086	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11087	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11088	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11089	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11090	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,000.00	\$2,000.00	\$22,000.00
MHI Home - Residential Treatment	11091	Facility Use	11.00	11.00	\$11,000.00	\$11,000.00	\$11,000.00	\$22,000.00	\$2,		

reminds that this ETC and its contracting documents are included in Forms A-2, A-1 and A-1 or their equivalents, but have not been included in our letter number 10 and letter 1443-131C 5332-24-79.

Print Name: Indrani Fokson • Chief Financial Officer

## References

Ida

return ErrorCheck	50
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ADAMHS000029249

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**Mental Health Services**  
**PERSONNEL SERVICES COSTS WORKSHEET**

Agency Name and MACSIS UPI: Signature Health, Inc.	6647	Prepared By: Indrani Egleston Date: 4/30/2021
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Column 1	Column 2	Column 3	Column 4	Column 5				Column 5				
Position Title	Position Number (optional)	Annual Salary/Wages/Fringe	Annual Hours	(a) Service: Administration				(a) Service: Evaluation & Management				(a) Service: MH Assess
				DIRECT SERVICE		SUPPORT SERVICE		DIRECT SERVICE		SUPPORT SERVICE		DIRECT SERVICE
				(b) COST	(c) HOURS	(d) COST	(e) HOURS	(b) COST	(c) HOURS	(d) COST	(e) HOURS	(b) COST
Administration		\$7,579,870	177694			\$7,579,870	177694					
E&M		\$6,930,405	95526					\$6,930,405	95526			
QMHS		\$5,248,080	211099									
Counseling		\$10,208,940	271336									\$534,963
Lab		\$562,020	24787									
Nursing		\$5,120,050	149510					\$4,919,690	143660			
Prescribers		\$4,226,190	98838									
Pharmacy		\$4,647,730	97894									
Residential		\$890,590	45587									
Support		\$9,503,460	325562			\$1,127,595	38828			\$626,073	21447	

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Column 5				Column 5				Column 5			
(a) Service: MH Assessment				(a) Service: MH Individual Counseling				(a) Service: MH Group Counseling			
DIRECT SERVICE		SUPPORT SERVICE		DIRECT SERVICE		SUPPORT SERVICE		DIRECT SERVICE		SUPPORT SERVICE	
(b) COST	(c) HOURS	(d) COST	(e) HOURS	(b) COST	(c) HOURS	(d) COST	(e) HOURS	(b) COST	(c) HOURS	(d) COST	(e) HOURS
\$534,863	14216			\$5,806,125	180895			\$536,772	14266		
		\$75,195	2576			\$953,238	32655			\$111,025	3803
\$534,863	14216	\$75,195	2576	\$5,806,125	180895	\$953,238	32655	\$536,772	14266	\$111,025	3803

ADAMHHS000029251

DEF-MDL-14385.00135

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Column 5				Column 5				Column 5			
(a) Service: SUD Group Counseling				(a) Service: SUD Case Management				(a) Service: SUD Urine Drug Screen			
DIRECT SERVICE		SUPPORT SERVICE		DIRECT SERVICE		SUPPORT SERVICE		DIRECT SERVICE		SUPPORT SERVICE	
(b) COST	(c) HOURS	(d) COST	(e) HOURS	(b) COST	(c) HOURS	(d) COST	(e) HOURS	(b) COST	(c) HOURS	(d) COST	(e) HOURS
				\$194,938	7841			\$140,626	5657		
\$83,738	2226										
				\$200,360	5851						
		\$161,011	5516			\$175,519	6013			\$164,052	5620
\$83,738	2226	\$161,011	5516	\$395,298	13692	\$175,519	6013	\$140,626	5657	\$164,052	5620

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DEF-MDL-14385.00137

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ADAMHS0000029254

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**Agency Name and MACSIS UPI:**

Signature Health, Inc.

6847

ADAMHS0000029255

## FORM A-3

Prepared By: Indrani Egleston

Date: 4/30/2021

COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 3	COLUMN 4
SERVICE SUD Assessment	SERVICE SUD Individual Counseling	SERVICE SUD Group Counseling	SERVICE SUD Case Management	SERVICE SUD Urine Drug Screens	SERVICE Non MH/AoD	SERVICE ADMINISTRATION	SERVICE Intensive	OBJECT OF EXPENSE TOTAL
								\$1,582,590
\$37,986	\$65,606	\$29,430	\$60,510	\$38,537	\$189,664	\$448,398	\$262,694	\$3,295,308
\$11,153	\$19,262	\$8,641	\$17,766	\$11,315	\$55,687	\$131,653	\$77,129	\$1,053,822
\$12,133	\$20,955	\$9,400	\$19,327	\$12,309	\$60,580	\$143,222	\$83,907	\$1,146,432
\$3,904	\$6,743	\$3,025	\$6,219	\$3,961	\$19,494	\$46,086	\$27,000	\$368,901
\$24,225	\$27,632	\$4,191	\$7,735	\$5,580	\$0	\$0	\$60,633	\$848,519
\$13,119	\$22,659	\$10,164	\$20,899	\$13,310	\$65,506	\$154,868	\$90,729	\$1,239,650
\$61,222	\$105,739	\$47,433	\$97,525	\$62,111	\$305,687	\$722,696	\$423,391	\$5,784,863
\$163,742	\$268,596	\$112,284	\$229,982	\$147,123	\$696,617	\$1,646,923	\$1,025,483	\$15,320,086

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ADAMHS0000029256

DEF-MDL-14385.00140

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## MENTAL HEALTH SERVICES ADMINISTRATIVE OVERHEAD COST DISTRIBUTION WORKSHEET

Agency Name and MACSIS UPI:	Prepared by:
Signature Health, Inc.	Indrani Egleston
	Date: 4/30/2021

Step 3:  
Column 3 multiplied by total  
Administration costs from 047, column 6  
Transfer administration allocation result  
by service to 047 column 7

Column 1	Column 2	Column 3	Column 4
TYPE OF SERVICE	BASE VALUE FOR EACH SERVICE	% OF TOTAL BASE	ADMINISTRATION ALLOCATION
MH Evaluation and Management	\$12,476,168	30%	3,123,648
MH Assessment, Evaluation, and Testing - No Medical	\$610,058	1%	152,740
MH Psychotherapy Individual	\$7,759,363	19%	1,942,705
MH Psychotherapy Group	\$647,797	2%	162,188
MH Community Services	\$6,264,242	15%	1,568,373
SUD Assessment, Evaluation, and Testing	\$521,345	1%	130,529
SUD Individual Counseling & Therapy Services	\$745,300	2%	186,600
SUD Group Counseling and Therapy Services	\$244,749	1%	61,278
SUD Case Management	\$570,817	1%	142,915
SUD Urine Drug Screens	\$304,678	1%	76,282
Intensive Outpatient Level of Care Group Counseling	\$2,917,592	7%	730,475
Non MHAS Services	\$8,294,374	20%	2,076,655
TOTALS	\$41,356,484	100%	\$10,354,388

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## Page 1 of 3

X	Budget	Actual
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AGENCY NUMBER: \_\_\_\_\_  
LPI: 6847

REPORTING PERIOD: 7/1/2020 - 6/30/2021

AGENCY TELEPHONE NUMBER 440-953-9999

AGENCY ADDRESS: 7232 Justin Way Mentor, OH 44060

1. Revenue Source	2. Type of Service						3. \$ Amount
	A. MH Evaluation & Management	B. MH Assessment	C. MH Psychotherapy Individual	D. MH Psychotherapy Group	E. MH Community Services	F. SUD Assessment	
Federal SAPT Total							\$0.00
Federal Medicaid	\$8,526,285	\$1,201,806	\$15,292,971	\$1,206,095	\$6,028,709	\$1,087,488	\$33,343,353.39
Safe Drug Free Schools and Communities							\$0.00
Other Federal	\$1,586,121	\$223,569	\$2,844,909	\$224,366	\$1,121,504	\$540,688	\$6,541,156.22
State Funds Total							\$0.00
Board Levy							\$0.00
Other Board Funds							\$0.00
Agency First/Third Party Fees							\$0.00
Other	\$299,932	\$42,276	\$537,965	\$42,427	\$212,074	\$38,255	\$1,172,928.55
Other							\$0.00
Other							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Revenues	\$10,412,337.77	\$1,467,650.36	\$18,675,844.26	\$1,472,888.73	\$7,362,286.04	\$1,666,431.00	\$41,057,438.16

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X	Budget	Actual
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Modified FIS-052

UPI: 6847

REPORTING PERIOD: 7/1/2020 - 6/30/2021

AGENCY TELEPHONE NUM: 440-953-9999

AGENCY ADDRESS: 7232 Justin Way Mentor, OH 44060

1. Revenue Source	2. Type of Service						3. \$ Amount
	A. SUD Individual Counseling	B. SUD Group Counseling	C. SUD Case Management	D. SUD Urine Drug Screen	E. SUD Intensive Outpatient	F.	
Federal SAPT Total							\$0.00
Federal Medicaid	\$1,240,449	\$188,155	\$347,243	\$250,496	\$2,721,935		\$4,748,277.00
Safe Drug Free Schools and Communities							\$0.00
Other Federal	\$238,757	\$35,002	\$204,602	\$46,599	\$614,679		\$1,139,638.82
State Funds Total							\$0.00
Board Levy							\$0.00
Other Board Funds							\$0.00
Agency First/third Party Fees							\$0.00
Other	\$43,636	\$6,619	\$12,215	\$8,812	\$95,750		\$167,031.48
Other							\$0.00
Other							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
Total Revenues	\$1,522,842.44	\$229,775.37	\$664,059.14	\$305,906.58	\$3,432,363.77	\$0.00	\$6,054,947.30

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## Page 3 of 3

X	Budget	Actual
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AGENCY NUMBER: \_\_\_\_\_  
 UFI: 6847

REPORTING PERIOD: 7/1/2020 - 6/30/2021  
AGENCY TELEPHONE NUMBER 440-953-9999

AGENCY ADDRESS: 7232 Justin Way Mentor, OH 44060

1. Revenue Source	2. Type of Service							3. \$ Amount
	A. Wellness	B. BH Liaison & Transitional Detox	C. Perinatal	D. Other Support Life Skills	E. Wrap Around Services	F. Prevention	G. SUD Residential	
Federal SAPT Total								\$0.00
Federal Medicaid								\$0.00
Safe Drug Free Schools and Communities								\$0.00
Other Federal								\$0.00
State Funds Total								\$0.00
Board Levy	\$104,510	\$137,780	\$33,000	\$36,900	\$12,000	\$37,290	\$200,000	\$561,480.00
Other Board Funds								\$0.00
Agency First/Third Party Fees								\$0.00
Other								\$0.00
Other								\$0.00
Other								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
								\$0.00
Total Revenues	\$104,510.00	\$137,780.00	\$33,000.00	\$36,900.00	\$12,000.00	\$37,290.00	\$200,000.00	\$561,480.00

ADAMHS000029260

## SIGNATURE HEALTH – DIVERSITY, EQUITY AND INCLUSION PLAN



Signature  
HEALTH

### THE IMPORTANCE OF DIVERSITY, EQUITY & INCLUSION

Diversity, equity and inclusion are three integral elements of what is required to redress historical exclusions, in the USA, based on race, ethnicity, sexual orientation, gender identity, ability status, and other identity categories. Addressing these exclusions moves the United States of America and its many institutions toward a more comprehensive embrace of the promise of freedom for all. Increasingly, diversity, equity and inclusion are recognized as essential elements of the most successful and effective health care systems. When used to as a framework for systemic change, diversity, equity and inclusion can propel health care providers toward improved healthcare delivery systems and better patient outcomes.

### SIGNATURE HEALTH VISION, MISSION AND VALUES

Signature Health is a Federally Qualified Healthcare Center based in Northeast Ohio. With offices in urban and rural environments, Signature Health serves 24,000 patients per year. The Vision, Mission and Values of Signature Health are as follows:

**Vision:** A Community without Health Disparities

**Mission:** Signature Health puts good health within reach of all of our community members through comprehensive mental health, medical, and support services essential for optimizing the well-being of mind and body.

**Values:**

*Integrity* – Building relationships based on trust, respect, and compassion by communicating openly and honestly

*Service* – Satisfying client and referral needs by providing the very best care

*Teamwork* – Working together effectively to achieve goals while also encouraging individual contributions and responsibility

*Innovation* – Nurturing creativity and supporting the development of new ideas, services and processes

*Excellence* – Completing high-quality work, leading to an outstanding patient experience

*Community* – Promoting health and wellness throughout our Northeast, Ohio communities

### GUIDING PRINCIPAL

Provide high quality effective, equitable, health literate and culturally humble mental health, addiction recovery and primary care services that promote health and contribute to the elimination of racial, ethnic and other institutional health disparities. "It Takes Diversity Of Thought, Culture, Background and Perspective to foster a world without health disparities."

## SIGNATURE HEALTH – DIVERSITY, EQUITY AND INCLUSION PLAN

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### INTERNAL RELATIONS (PERSONNEL, RECRUITMENT & HIRING PRACTICES, BOARD OF DIRECTORS, ETC.)

<b>OBJECTIVE 1</b>	<b>Actively pursue and achieve organizational governance and leadership rooted in the strategic implementation of Diversity, Equity and Inclusion practices.</b>
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Activities	Performance Measure	Responsible Staff Member(s)	Timeline
1.1 The Board of Directors will recruit diverse candidates for consideration of Board of Directors membership. Diversity demographics may include but not limited to patient/client status, race, ethnicity, gender identity, sexual orientation, age, gender expression, ability status and socio-economic status.	The composition of the Board of Directors and Members of the Board will attempt to mirror the demographics of the community served.	Board of Directors	Ongoing
1.2 Signature Health will recruit and seek to hire candidates which help to create a diverse leadership team.	The leadership team will attempt to mirror the demographics of the community served.	HR Department; CEO and C-Suite Leaders	Ongoing and review annually
1.3 Develop and implement an organizational strategic plan with at least 1 DEI initiative(s) as a component of the plan.	The overall strategic plan for Signature Health incorporates Diversity, Equity and Inclusion as a guiding principle and includes benchmarks to measure DEI initiatives.	Board of Trustees	To be included in 2021 strategic plan update

## SIGNATURE HEALTH – DIVERSITY, EQUITY AND INCLUSION PLAN

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**OBJECTIVE 2** Recruit, promote and support a diverse workforce that is representative of and responsive to the diversity of the community served.

Activities	Performance Measure	Responsible Staff Member(s)	Timeline
2.1 Signature Health will improve recruitment and hiring of diverse candidates within the workforce to help attempt to mirror staffing to reflect community. Demographics will include but not limited to race, ethnicity, gender identity, sexual orientation, age, gender expression, ability status.	A comparative analysis of each year's recruitment metrics will be conducted.	Human Resources	Annually
2.2 Conduct an initial and periodic All-Staff Diversity, Equity and Inclusion Survey.	Completion of survey.	Human Resources	Annually (Initial survey was conducted in October 2020)
2.3 Conduct exit surveys with departing staff that include explicit questions about diversity, equity and inclusion.	Quarterly analysis of DEI exit interview questions, with recommendations if correlation between DEI questions and departure arise.	Human Resources	Quarterly reports submitted to leadership team
2.4 Train Talent Acquisition staff in diversity recruitment practices	A comparative analysis of diversity recruitment pre/post training will be conducted.	Human Resources	Within two years.
2.5 Introduce professional development opportunities for all staff, which includes those who are less likely to have been	A fund will be established to support this initiative.	Human Resources	2021



## SIGNATURE HEALTH – DIVERSITY, EQUITY AND INCLUSION PLAN

formally educated because of systemic racism.			
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<b>OBJECTIVE 3</b>	<b>Provide ongoing education and training to Board of Directors/Members, senior leadership staff and all workforce in Diversity, Equity and Inclusion policies, procedures and practices.</b>
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Activities	Performance Measure	Responsible Staff Member(s)	Timeline
3.1 Provide mandatory training for all staff about the impact of racial and ethnic stereotypes and microaggressions on workplace dynamics.	Documentation of completion of training for all staff	Human Resources	Annually
3.2 Conduct annual required training for all staff that details policies and procedures to address racial and ethnic bias in the workplace.	Documentation of completion of training for all staff	Human Resources	Annually
3.3 Provide required annual training focused on the relationship between racialized trauma and experiences of workplace bias/discrimination.	Documentation of completion of training for all staff	Human Resources	Annually
3.4 Provide training and education to Human Resources Employee Relations team regarding DEI.	Documentation of completion of training for HR/Talent Acquisition staff	Human Resources	Within two year.

<b>OBJECTIVE 4</b>	<b>Formalize Policies and Procedures that Enforce Diversity, Equity and Inclusion Best Practices.</b>
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Activities	Performance Measure	Responsible Staff Member(s)	Timeline
4.1 Review Employee Handbook with an eye to ensure racial and ethnic bias and diversity, equality and	Updated handbook	Human Resources	Annually



## SIGNATURE HEALTH – DIVERSITY, EQUITY AND INCLUSION PLAN

inclusion is addressed in the workplace.			
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### OBJECTIVE 5: Create and maintain a culture of inclusion in the workplace and among the workforce.

Activities	Performance Measure	Responsible Staff Member(s)	Timeline
5.1 Create learning opportunities and communicate about diversity, equality and inclusion and appreciation of cultural diversity.	1 learning opportunity or communication per quarter.	DEI Committee	Quarterly

### EXTERNAL RELATIONS (PATIENT/CLIENT CARE, COMMUNITY RELATIONS, PUBLIC RELATIONS, ETC.)

#### OBJECTIVE 1: Create and maintain patient/provider dynamics that actively incorporate Diversity, Equity and Inclusion best practices.

Activities	Performance Measure	Responsible Staff Member(s)	Timeline
1.1 Include questions about DEI in patient satisfaction surveys	Patient Satisfaction Survey: 90% or greater	Quality Improvement	Annually
1.2 Ensure racial and ethnic diversity of patients who are also members of Board of Directors.	Board composition roster	Board of Directors DEI Committee	Ongoing
1.3 Place a suggestion box in all offices with explicit instructions welcoming and encouraging patients to comment on their experiences related to diversity, equity and inclusion.	Questionnaire: 90% or greater	DEI Committee	Quarterly
1.4 Update organizational policies and procedures with explicit details explaining how to address	Review and update all pertinent organizational policies and procedures	Board of Directors	Annually

## SIGNATURE HEALTH – DIVERSITY, EQUITY AND INCLUSION PLAN

racial and ethnic bias when experienced by a patient.			
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<b>OBJECTIVE 2</b>	<b>Inform patients of policies and procedures related to the establishment and enforcement of Diversity, Equity and Inclusion Practices</b>
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Activities	Performance Measure	Responsible Staff Member(s)	Timeline
2.1 Display patient non-discrimination policies and procedures prominently in all office locations.	Patient information posted in all common patient areas	Operations	Annually

<b>OBJECTIVE 3</b>	<b>Create and maintain a culture of Inclusion in all clinical and treatment environments.</b>
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Activities	Performance Measure	Responsible Staff Member(s)	Timeline
3.1 When decorating clinical and treatment spaces for holidays and cultural observations, do so in a racially and ethnically inclusive manner.	DEI Committee evaluation and recommendation	Operations	Annually

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<b>Name of Policy</b>	Assurance of Non-Discrimination/Fair Employment
<b>Policy Identification Number</b>	501
<b>Last Revision Date:</b>	November 2019
<b>Last Review Date:</b>	November 2020
<b>Approving Body</b>	Signature Health Board of Directors
<b>Supporting Documents</b>	

Printed copies are for reference only. Please refer to the electronic copy in UltiPro for the latest version.

**Policy Statement:**

It is the policy of Signature Health, Inc. to prohibit unlawful discrimination in the workplace based upon race, color, ancestry, national origin or citizenship, religious creed (which includes religious dress and grooming practices), age, gender, gender identity, gender expression, sex (which includes pregnancy, childbirth, lactation and related medical conditions), sexual orientation, marital status, physical or mental disability, veteran status, military status, genetic information (including characteristics and testing), or any other characteristic protected by law.

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<b>Name of Procedure</b>	Assurance of Non-Discrimination/Fair Employment
<b>Corresponding Policy Identification Number</b>	501
<b>Last Revision Date:</b>	January 2020
<b>Last Review Date:</b>	January 2020
<b>Supporting Documents</b>	

Printed copies are for reference only. Please refer to the electronic copy in UltiPro for the latest version.

**PROCEDURE:**

1. Signature Health is committed to fair and equal employment for all. Signature Health prohibits unlawful discrimination in the workplace based upon race, color, ancestry, national origin or citizenship, religious creed (which includes religious dress and grooming practices), age, gender, gender identity, gender expression, sex (which includes pregnancy, childbirth, lactation and related medical conditions), sexual orientation, marital status, physical or mental disability, veteran status, military status, genetic information (including characteristics and testing), or any other characteristic protected by law.
2. Signature Health will not tolerate discrimination against any employee or applicant.
3. Any form of discrimination should be brought to the attention of Human Resources. Such complaints should be documented in writing and will be fully investigated by Human Resources. Should an employee wish to address a matter of discrimination outside of Human Resources, a written complaint may be submitted to Signature Health's Chief Compliance Officer, Chief Executive Officer or the Chair of the Board of Directors.

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<b>Name of Policy</b>	Affirmative Action Plan	
<b>Policy Identification Number</b>	502	
<b>Last Revision Date:</b>	June 2018	
<b>Last Review Date:</b>	November 2020	
<b>Approving Body</b>	Signature Health Board of Directors	
<b>Supporting Documents</b>		

Printed copies are for reference only. Please refer to the electronic copy in UltiPro for the latest version.

### **Policy Statement:**

Signature Health, Inc., (SH) pledges to provide equal employment opportunity in all personnel actions for all persons regarding employment; and to recruit and administer hiring, working conditions, benefits and privileges of employment, compensation, training, performance evaluations, ratings upgrading and promotion, transfers, and terminations for all employees without unlawful discrimination because of race, color, religion, national origin, sex, sexual orientation, age, handicap, or because of being a disabled veteran or veteran of the Vietnam era.

SH further pledges itself to a program of aggressive affirmative action aimed at assuring true quality of employment and a work environment without discrimination or unfair harassment. This includes adherence to the guidelines issued by the EEO Commission on sexual harassment.

Efforts will be expended to utilize a greater amount of professional and managerial talent among women and minority groups. The organization's affirmative action efforts are designed to be the quickest possible and least disruptive paths to the objectives of full representation of minority groups and women employees at every level of the agency.

SH is totally and irrevocably committed to a good faith effort to provide the opportunity for all employees to perform at full capacity in accordance with their qualifications, abilities, and interests.

### **Objective:**

The long-range Equal Employment Opportunity objective of SH is threefold:

- To achieve an employee profile at all levels and categories which is comparable to that of the outside available labor force
- Hiring of a culturally diverse staff
- To address the specific needs of cultural and relevant programming for the ethnic minorities, the deaf and hearing impaired and others.

Attainment of this objective calls for employment and/or promotion of minorities and women at a pace beyond that which might be expected to occur normally; prohibition of unlawful discrimination in employment because of race, color, religion, national origin, gender, sexual orientation, age or handicap including disabled veterans and veterans of the Vietnam era; and



maintenance of a work environment which is free from unlawful discrimination as well as sexual, racial or any other kind of unfair harassment.

The major thrust of SH's efforts to reach our stated objective will be through our Affirmative Action Program. An integral part of our program is to use every vacancy as an opportunity to change the race and sex profile to make it approximately the same as the outside labor market.

SH is assuring full realization of our stated objective through a continuous procedure of monitoring and reporting. It should be emphasized that SH's Affirmative Action Program is a plan of inclusion rather than exclusion, and it designed to ensure equal opportunity for all.



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<b>Name of Procedure</b>	Affirmative Action Plan
<b>Corresponding Policy Identification Number</b>	502
<b>Last Revision Date:</b>	January 2020
<b>Last Review Date:</b>	January 2020
<b>Supporting Documents</b>	

Printed copies are for reference only. Please refer to the electronic copy in UltiPro for the latest version.

**PROCEDURE:**

4. Signature Health will notify its employees of its Equal Opportunity Policy in its Employee Handbook.
5. Signature Health will ensure that it will apply equal opportunity in all of its employment practices and decisions including hiring, placement, promotion, transfer, training, job assignments, hours of work, compensation, benefits and work conditions.
6. Signature Health will ensure that it promotes diversity and inclusion of minority and underrepresented groups in all facets of its employment practices and patient services.
7. As part of Signature Health's affirmative action program, Signature Health will conduct an annual review of its equal employment opportunity practices, a review of EEO-1 reporting data and analysis of demographic information for hires during the designated time period.

If an employee fails to report to work for three consecutively scheduled workdays without notice to and/or approval by his/her supervisor, the Agency will consider the employee to have voluntarily resigned his/her employment. In this situation, the Agency will not pay the employee for any accrued, unused PTO time or Productivity Bonus.

## **VI. EMPLOYMENT STANDARDS POLICIES**

### **A. Equal Opportunity Policy**

Signature Health is totally committed, both in principal and in compliance with all legal obligations, to promoting equal opportunity in all of its employment practices including hiring, placement, promotion, transfer, training, job assignments, hours of work, compensation, benefits, and work conditions. Signature Health will make employment decisions such as discipline, termination, lay off, and demotion on the basis of work performance, job-related criteria, and other legitimate business considerations. Our priority is having the best available and most qualified person in each job.

Signature Health prohibits unlawful discrimination by any employee of the Agency, including supervisors and co-workers, based upon race, color, ancestry, national origin or citizenship, religious creed (which includes religious dress and grooming practices), age, gender, gender identity, gender expression, sex (which includes pregnancy, childbirth, lactation and related medical conditions), sexual orientation, marital status (including registered domestic partner status), physical or mental disability, veteran status, military status, genetic information (including characteristics and testing), or any other characteristic protected by law.

No person or employee, no matter his or her title or position, has the express, actual, apparent or implied authority to discriminate against another employee based upon a protected characteristic. All such unlawful discrimination is strictly prohibited and grounds for termination of employment with Signature Health.

If you believe you have been subjected to any form of discrimination, or if you are aware of an incident of discrimination involving another individual, please provide a written or verbal report to your manager or supervisor, another member of management, or Human Resources. The report should be specific and should include the names of the individuals involved, the names of any witnesses and any documentary evidence (e-mails, notes, etc.). The Agency will conduct a thorough and objective investigation in a timely fashion and attempt to resolve the situation. The investigation will be completed and a determination made and communicated to you as soon as practical.

If the Agency determines that this policy has been violated, disciplinary action, up to and including immediate discharge, will be taken. Disciplinary action may be taken when an investigation reveals conduct on the part of an employee that does not rise to the level of unlawful discrimination, but is nevertheless inappropriate. Appropriate action may also be taken to deter future discrimination or misconduct.

**B. Inclusion and Diversity Statement**

Signature Health actively creates and promotes an environment that is inclusive of all people and their unique abilities, strengths and differences, and promotes diversity as a strategic business advantage for the Agency in recognition of the diverse Patients we serve. The collective sum of the individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities and talent that our employees invest in their work represents a significant part of not only our culture, but our reputation and the Agency's overall achievement as well. We respect diversity in each other, our Patients, our partners and we promote a culture of inclusiveness and accessibility for all those who we come in contact with at our workplace.

**C. Open Door Policy and Conflict Resolution**

Signature Health believes that candid and constructive communication is essential to the smooth functioning of our workplace and to maintaining a strong team atmosphere of mutual respect. Accordingly we have an "open door" policy, which means that you are welcome to discuss any suggestion, concern, or other feedback with any member of the Agency's management.

The majority of misunderstandings are satisfactorily resolved by a thorough discussion and mutual understanding between the parties involved. In general, it is best to discuss any concerns with your immediate manager or supervisor first. If you are unable to reach a satisfactory resolution with your supervisor or are not comfortable discussing the issue with your supervisor, you are welcome to discuss the matter with the next level of management, with Human Resources, or with any member of senior management.

Managers and supervisors are expected to listen to employee concerns, to encourage their input, and to seek resolution to their problems/issues. Please understand that not every complaint may be resolved to your satisfaction. Even so, we believe that open communication is essential to a successful work environment and all employees should feel free to raise issues of concern without fear of reprisal. Employees who feel they have experienced retaliation as a result of reporting a problem or filing a complaint should immediately contact Human Resources.

**D. Employee Relations Philosophy—What We Can Expect From One Another**

Signature Health is committed to treating each employee fairly, with concern, and with respect in the same way we expect our employees to treat our Patients. Signature Health strives to maintain the best possible environment for maximum development and goal achievement for our employees. Our practice is to treat each employee as a highly-valued individual but also a respected member of Agency's team. We seek to develop a spirit of teamwork; individuals working together to obtain a common goal. In order to maintain an atmosphere where these goals can be accomplished, we seek to provide a comfortable workplace. Most importantly, we strive to have a workplace where communication is open and problems can be discussed and resolved in a mutually respectful atmosphere.

Your primary responsibility is to do an outstanding job on your work. The efforts of each person, working individually and as part of the Signature Health team, is how we achieve ultimate success at our Agency. We believe in recognition and praise for a job well-done. We respect employees who volunteer to assist their co-workers in need and those who ask for assistance when in need. Together we provide a "Signature" Patient experience. We fundamentally expect employees to maintain a high professional standard of behavior and job performance and to adhere to the policies set forth in this Handbook.

#### **E. Harassment Free Workplace Policy**

Signature Health is committed to providing a work environment that is free of discrimination and unlawful harassment. Harassment whether in the form of actions, words, jokes, or comments based on an individual's race, color, religious creed (which includes religious dress and grooming practices), age, gender, gender identity, gender expression, sex (which includes pregnancy, childbirth, lactation and related medical conditions), sexual orientation, marital status (including registered domestic partner status), ancestry, physical or mental disability, national origin or citizenship, veteran status, military status, genetic information (including characteristics and testing), or any other characteristic protected by law will not be tolerated. Signature Health will not tolerate harassment, discrimination or retaliation, whether committed by a manager, supervisor, coworker or non-employee (e.g. Patient, vendor, visitor or independent contractor).

Under most circumstances, harassment refers to the type of conduct that is pervasive, repetitive and sufficiently severe to alter the conditions of an employee's employment. Harassment may also refer to a single incident that is sufficiently outrageous or harmful, in and of itself, that substantially alters the conditions of an employee's employment or interferes with that individual's ability to perform job-related responsibilities.

Sexual harassment is a particular type of harassment characterized by unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where submission is a term or condition of employment; submission to or rejection of the conduct is a basis for an employment decision; or such conduct unreasonably interferes with an individual's work performance or creates a hostile work environment.

Examples of conduct prohibited by this policy include, but are not limited to:

- Making sexual advances, asking for sexual favors, making sexually suggestive comments or offering employment benefits in exchange for sexual favors;
- Making unwelcome physical contact, including but not limited to touching, patting, pinching, hugging, shoulder rubbing, "brushing" against someone, or impeding the movement of another person;
- Inappropriate or suggestive comments about another person's physical appearance, body or dress;
- Verbal conduct such as teasing, jokes, derogatory remarks regarding protected classifications, slurs;

- Non-verbal conduct, such as leering, whistling or obscene gestures
- Written or graphic material or objects that are sexually-suggestive, sexually- oriented, obscene or criticize or show hostility or aversion toward an individual or group;
- Using sexually threatening or harassing language verbally or in written or electronic communications.

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, including but not limited to Patient meetings, conferences and business-related social events. This policy also applies to males who sexually harass females or other males, and to females who sexually harass males or other females.

Those who feel they are being harassed, have witnessed harassing conduct in violation of this policy, or take offense to the action of any action of any supervisor, management official, other employee, Patient or any other person in connection with his or her employment has a duty to report the matter to the immediate attention of Human Resources.

Any supervisor or manager who receives complaints of harassment, discrimination or retaliation from any employee, who is provided information suggesting harassment, discrimination or retaliation occurred, or who observes such potential violations of this policy must report the matter promptly to Human Resources.

Signature Health will take swift action to investigate all complaints of harassment and discrimination and will take immediate and appropriate remedial action as needed to end any conduct violating this policy. The information gathered in the complaint and investigation process will be kept as confidential as possible, without compromising the thoroughness of the investigation or the company's legal obligations. Any person found to have violated this policy will be subject to appropriate disciplinary action, up to and including discharge.

An employee who is uncomfortable for any reason in bringing such a matter to the attention of Human Resources or the CEO should report the matter directly to Agency Board Member Stephanie Malbasa, Esq. at 13405 Lakeshore Blvd. C, Cleveland, OH 44110, (216.541.8200).

#### **F. Protection Against Retaliation**

Signature Health prohibits retaliation because an individual used, whether actual or perceived, any Signature Health complaint procedure, reported prohibited harassment or discrimination, or filed, testified, assisted or participated in any manner in any investigation, proceeding, hearing conducted by a government enforcement agency. Prohibited retaliation includes, but is not limited to, termination, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions (such as shunning, implied threats or intimidation) or otherwise denying any employment benefit. These anti-retaliation provisions extend to an employee who is a family member of a person who engaged in, or was perceived to engage in, the protected conduct or who made a complaint.



An employee should report in good faith any perceived retaliation prohibited by this policy to Human Resources. Any report of retaliatory conduct will be investigated in a thorough and objective manner. Any employee that knowingly makes a false claim of harassment, discrimination or retaliation will be subject to disciplinary action, up to and including termination.

#### **G. Employee Reporting**

Nothing in this Handbook prohibits an employee from reporting concerns to, filing a charge or complaint with, making lawful disclosures to, providing documents or other information to or participating in an investigation or hearing conducted by the Equal Employment Opportunity Commission ("EEOC"), National Labor Relations Board ("NLRB"), Securities and Exchange Commission ("SEC") or any other federal, state or local agency charged with the enforcement of any laws. Signature Health also does not prohibit employees from participating in an investigation or proceeding conducted by one of these agencies.

You should note that in raising any questions or concerns you may have about potentially illegal conduct, pursuant to the 2016 Defend Trade Secrets Act (DTSA), no individual will be held criminally or civilly liable under Federal or State trade secret law for disclosure of a trade secret (as defined in the Economic Espionage Act) that is: (A) made in confidence to a Federal, State, or local government official, either directly or indirectly, or to an attorney, and made solely for the purpose of reporting or investigating a suspected violation of law; or, (B) made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal so that it is not made public. And, an individual who pursues a lawsuit for retaliation by an employer for reporting a suspected violation of the law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual files any document containing the trade secret under seal, and does not disclose the trade secret, except as permitted by court order.

#### **H. Whistleblower Protection**

A whistleblower is defined as an employee of Signature Health who reports an activity that he/she considers to be illegal or dishonest within the Agency. The whistleblower is not responsible for investigating activity, determining fault or applying corrective measures as appropriate management officials are charged with these responsibilities. Examples of illegal or dishonest activities are violations of federal, state or local laws, i.e., billing for services not performed or for goods not delivered, and other fraudulent financial reporting.

If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee is to contact the Chief Compliance Officer or the Agency's General Counsel. The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to discipline, up to and including termination of employment.

Whistleblower protections are provided in two important areas, confidentiality and against retaliation. Insofar as possible, the confidentiality of the whistleblower will be



maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law, or to provide accused individuals their legal rights of defense. Signature Health will not tolerate retaliation against a whistleblower or an employee who participates in an investigation, opposes an unlawful practice, or testifies in a proceeding alleging wrongdoing committed by Signature Health. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who believes he/she is being retaliated against must contact Human Resources immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

If you have questions or concerns about any issue related to government laws which apply to our Agency or ethical business conduct, you should not hesitate to discuss your concerns with your supervisor first. If you are unable to discuss your concerns with your supervisor, you should contact Human Resources, General Counsel, or another member of the management team.

## **I. Anti-Bullying Policy**

Signature Health does not tolerate bullying behavior. Individuals who engage in workplace bullying may be disciplined, up to and including termination of employment. Workplace bullying is the use of force, threats or coercion to abuse, demean, intimidate, or humiliate another employee or a group of employees. Workplace bullying includes, but certainly is not limited to, the following:

- Verbal abuse, such as the use of patently offensive, demeaning and harmful derogatory remarks, insults and epithets;
- Verbal or physical conduct that is threatening, intimidating or obscene;
- Pushing, shoving, kicking, poking, tripping, assaulting, or threatening physical assault, or intentionally damaging a person's work area or property; or
- Sabotage, or deliberately subverting, obstructing or disrupting another person's work performance.

Cyberbullying refers to bullying, as defined above, that occurs through the use of a computer, cell phone, smartphone, tablet, pager or other device that transmits electronic information, regardless of whether the device is owned by or located at the Agency or connected to the Agency network. Cyberbullying is also prohibited.

Context is important in understanding bullying, particularly verbal communication. There is a difference between friendly insults exchanged by long-time work colleagues and comments that are meant to be, or are taken as, demeaning. While care should be exercised, particularly if a person is reporting alleged bullying as a witness, it is better to be genuinely mistaken than to let actual bullying go unreported.

Employees who are subject to, or witness, workplace bullying at the Agency are encouraged to notify Human Resources immediately. This policy in no way prohibits employees from engaging in activities that are protected under applicable state and federal laws, including but not limited to any activity that is protected under Section 7 of the National Labor Relations Act, which includes the right of employees to speak with others, engage in workplace discussions and talk about their terms and conditions of employment.

#### **J. Disability Accommodation Policy**

In compliance with the Americans with Disabilities Act (ADA) and applicable state disability laws, Signature Health will not discriminate against otherwise qualified individuals with disabilities with regard to any term, condition, or privilege of employment. This includes: recruitment, selection, hiring, training, assignment, transfer, promotion or demotion, compensation, benefits, standards of conduct and discharge. To the extent required by federal and state law, Signature Health will make reasonable accommodations for qualified individuals with known physical or mental disabilities, unless doing so would result in an undue hardship or a direct threat to the health and/or safety of the individual or others would result. This policy governs all aspects of employment, including hiring/selection, job assignment, promotion, compensation, discipline, termination and access to benefits and training.

If you have a physical or mental condition which you believe affects your ability to perform the essential functions of your job duties, enjoy equal employment opportunity, and/or obtain equal benefits, please contact Human Resources to discuss what, if any, accommodations might be made for you to allow you to safely and effectively perform your job. You should specify, preferably in writing, what barriers or limitations make it difficult for you to perform the job. The Agency will evaluate information obtained from the Employee, and possibly your health care provider or another appropriate health care provider, regarding any reported or apparent barriers or limitations and will then work with the Employee to identify possible accommodations, if any, that will help to eliminate the barrier(s) or limitation(s). If the identified accommodation is reasonable and will not impose an undue hardship on the Agency and/or a direct threat to the health and/or safety of the individual or others, the Agency will generally make the accommodation or the Agency may propose an alternative reasonable accommodation which may also be effective. Where more than one possible reasonable accommodation exists, the Agency reserves the right to select the method of reasonable accommodation. You are required to fully cooperate with the Agency in seeking and evaluating alternatives and accommodations and providing all necessary information and documentation and be willing to consider alternative reasonable accommodations when applicable. The Agency may require medical verification of both the disability and the need for accommodation. The Agency will not seek genetic information in connection with requests for accommodation. All medical information received by the Agency in connection with a request for accommodation will be treated as confidential.

**K. Pregnancy Accommodation**

Signature Health will not discriminate against an employee because she is pregnant or treat an employee that it knows is pregnant differently from a non-pregnant person whose ability or inability to work is similar to that of the pregnant employee. "Pregnancy" means "pregnancy, childbirth, or medical conditions related to pregnancy or childbirth, including recovery from childbirth."

Signature Health will provide certain reasonable accommodations in the workplace to pregnant employees upon the advice of a physician. If you believe that you need such an accommodation, please advise Human Resources. Any information regarding the foregoing will be kept confidential to the extent required by law.

**L. Lactation Accommodation Policy**

Signature Health provides a supportive environment to enable nursing mothers to express breast milk during the workday. Signature Health will not discriminate in any way against an employee who chooses to express breast milk in the workplace.

Signature Health will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's child up to the age required by applicable law. Non-exempt employees needing breaks for lactation purposes may use ordinary paid rest breaks or may take other reasonable unpaid break time when needed. The lactation break time, if possible, should run concurrently with scheduled rest breaks and meal periods already provided to the employee. If that is not possible or additional time is needed, the lactation break time may be unpaid. Where unpaid breaks or additional time are required, the employee should work with her supervisor or Human Resources regarding scheduling and reporting the extra break time as unpaid. (Exempt employees who need lactation accommodation breaks do not need to report any extra break time as "unpaid.") Where state or local law requires a specified time during each portion of a workday, Signature Health will comply with any such requirements.

Signature Health will provide employees with the use of a room or a private area, other than a bathroom or toilet stall, that is shielded from view and free from intrusion from coworkers and the public. Signature Health will make a reasonable effort to identify a location within close proximity to the work area. This location may be the employee's private office, if applicable.

Employees should discuss with Human Resources the location for storage of expressed milk. Where possible, Signature Health will provide a refrigerator or other cold storage space for keeping milk that has been expressed or employees may provide their own portable small storage unit or cooler for keeping expressed breast milk cold.

Please be sure to contact Human Resources during your pregnancy or before you return to work to identify your need for a lactation area and because some lactation accommodation requirements differ by state. Please also speak to Human Resources to make any other arrangements necessary under this policy.

Signature Health strictly prohibits discrimination against or harassment of employees because they are breastfeeding mothers and/or request or take breaks in accordance with this policy.

#### **M. Religious Accommodation Policy**

Signature Health will provide reasonable accommodations for employee's observance of religious holidays and sincerely held religious beliefs, including but not limited to time off for religious holidays and accommodations related to dress and grooming practices, when possible and unless doing so would cause an undue hardship on Agency operations.

Signature Health has developed an accommodation process to assist employees, management, and Human Resources. Through this process, Signature Health establishes a system of open communication between employees and Signature Health to discuss conflicts between religion and work and to take action to provide reasonable accommodation for employees' needs. The intent of this process is to ensure a consistent approach when addressing religious accommodation requests. Any employee who perceives a conflict between job requirements and religious belief, observance, or practice should bring the conflict and his or her request for accommodation to the attention of Human Resources to initiate the accommodation process. Signature Health requests that accommodation requests be made in writing, and in the case of schedule adjustments, as far in advance as possible.

#### **N. Protection of Genetic Information**

Federal law prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law(s). We respect your medical privacy and take our responsibility to comply with these laws seriously. The Agency will not request or require you to provide genetic information except in those limited circumstances allowed by law. If you have any questions about this policy, please speak to your supervisor or the Human Resources Department. If you believe there has been a violation of this policy, please follow the procedure set forth in the Agency's Anti-Harassment policy.

#### **O. Drug and Alcohol Use and Testing**

It is the policy of Signature Health, Inc. to provide its employees with a safe work environment that is free from the adverse effects of illegal drugs, unauthorized use of prescription drugs, and alcohol. Signature Health considers employee substance abuse to be detrimental to our employees and to our continued growth and future success. The illegal use of drugs and the misuse of alcohol pose serious safety and health risks, not only to the user but also to all who come in contact with the user. Signature Health requires all employees to report for work in a condition that allows them to perform their duties in a safe and efficient manner.

Signature Health, therefore, prohibits the manufacture, sale, attempted sale, distribution, dispersion, transfer, possession or use of illegal drugs and intoxicants by employees at all times, regardless of whether the employee is working or on premises. Employees are also prohibited



from working, appearing for work, while on-call, while operating a vehicle for the Agency, or on the premises (including the parking lot) while under the influence of alcohol or illegal drugs and intoxicants. "Illegal drugs and intoxicants" as used in this policy means drugs or intoxicants the use or possession of which is prohibited as a matter of federal, state or local law, and includes the use of prescription medications by someone other than as prescribed. This policy does not prohibit employees from the lawful use and possession of prescribed or over-the-counter medications.

Employees in violation of this policy will be subject to discipline, up to and including termination, even for a first offense.

When a physician prescribes the use of prescription or over-the-counter drugs, or when over-the-counter drugs bear warnings about side effects that may affect job performance, each employee should ask his or her health care provider whether such drugs may adversely affect their ability to safely perform assigned duties. An employee must advise his or her immediate supervisor if he or she is taking a medication that may adversely affect the employee's ability to perform assigned duties safely. Employees are not required to reveal the name of the medication or the underlying medical condition. The employee will then work with Human Resources to discuss whether a reasonable accommodation may be required. Signature Health at all times reserves the right, in so far as permitted by law, to have a physician determine if a prescription drug or medication produces effects that may jeopardize the safety of our Patients or employees. In the interim, if there is any question concerning the employee's ability to perform safely, the employee will be assigned other work, if, in the sole discretion of management, such duties are appropriate and available, or the employee will be sent home.

Employees are expected to cooperate fully in any interview or investigations of possible violations of this policy. While investigating potential abuses of this policy, the Agency reserves the right to require an employee, while on duty or on company property (including the parking lots), to agree to inspections of their person, uniform, vehicle, locker or desk, office, packages, handbag or personal property. Such inspections will be conducted in a manner that is not discriminatory, arbitrary, or capricious. An employee's refusal to consent to such an inspection or to otherwise cooperate in an investigation conducted under this policy is grounds for disciplinary action, up to and including termination.

In accordance with applicable federal, state and local laws, the Agency may choose to require any employee to submit to drug and/or alcohol testing under certain circumstances. Such testing may occur, where permitted by law under the following circumstances:

- As part of the Agency's regular pre-employment, post offer procedure for new hires.
- When there is a reasonable suspicion that an employee has violated this Policy, including but not limited to a reasonable suspicion that an employee has reported to work or is on Company property under the influence of alcohol or drugs. Reasonable suspicion means a basis for forming a belief based on specific facts and rational inferences drawn from those facts.

- When there is a reasonable suspicion relative to narcotic administration discrepancies or diversions.
- When the employee causes or contributes to an accident or near accident on the job that results in a fatality, injury requiring medical attention beyond first aid, or vehicle or property damage with the potential to exceed \$500.
- During and after participation in a drug or alcohol rehabilitation program for a period of time as determined by Signature Health to the fullest extent permitted under law.
- When required by law or applicable regulations.
- Random selection basis. Random testing is conducted without individual suspicion of a violation of Signature Health's Drug and Alcohol Policy.

This list is not meant to limit the circumstances under which a drug or alcohol test may be required. Specific policies and procedures related to alcohol and drug tests will be discussed with affected employees at the time an alcohol or drug test is requested.

For purposes of this policy, a positive drug or alcohol test will result in disciplinary action up to and including termination. Similarly, refusal to submit to a drug or alcohol test when requested by the Agency, or any attempt to interfere with the test or alter the sample, will result in withdrawal of the job offer for applicants, and will result in discharge for employees.

Signature Health recognizes that drug or alcohol abuse may, in some cases, be an illness or mental health issue. Employees who need help in dealing with these problems are encouraged to seek assistance, including use of the Employee Assistance Program (EAP), voluntarily before the situation requires management intervention. Should an employee voluntarily self report a problem with alcohol, drugs or the abuse of prescription drugs, Signature Health may provide a transfer, reasonable leave, or reassignment until the employee is able to work safely and in compliance with Signature Health's drug and alcohol policy. It is the responsibility of each employee to seek assistance before alcohol or drug problems lead to disciplinary action or a request to submit to a test. A decision to seek assistance after Signature Health has detected unsatisfactory performance or a violation of this policy will not avoid disciplinary action.

In the event that an employee has participated and completed a rehabilitation program, the employee will follow all recommendations of the program as a requirement of continued employment with Signature Health. Employees will also be required to enter into a re-entry agreement and submit to both periodic and random alcohol/drug screenings. Please note, however, that participation in a rehabilitation program and/or entering into a re-entry program does not alter the at-will employment relationship or otherwise guarantee employment for any specified period.

An employee who is involved with off-the-job illegal drug or alcohol activity may be considered in violation of this policy.



Employees must, as a condition of employment, abide by the terms of the above policy and report any convictions under a criminal drug statute for violations occurring on or off Agency premises while conducting Agency business. Report of a conviction as defined in the Drug-Free Workplace Act of 1988 must be made to the Agency within five days after the conviction. The Agency will then notify the contracting officer, if applicable, within ten days after receiving notice from either the employee or from another source (These requirements are mandated by the Drug-Free Workplace Act of 1988).

Within thirty days of receipt of the above notification, Signature Health shall take the following action(s) with respect to any employee convictions as they relate to the Drug-Free Workplace Requirements:

- Take appropriate personnel action against such employee; and/or
- May require such employee to participate satisfactorily in a Signature Health approved rehabilitation program.

Please direct all questions concerning this policy to the Chief Human Resources Officer.

**P. Limitations Regarding Prescription Drugs on Premises**

Due to the nature of the services we provide and the nature of our clientele prescription medication should not be brought onto Agency premises unless prior authorization is obtained from Human Resources.

**Q. Workplace Violence Prevention Policy**

Signature Health is committed to workplace safety. The Agency is specifically committed to providing a workplace that is safe and free of threats or acts of violence. Accordingly, employees are prohibited from engaging in workplace behavior that is violent or threatening. This policy applies to all employees, including management. Signature Health has zero tolerance for employees who make threats, engage in threatening behavior or commit acts of violence against others.

This policy prohibits not only physically violent behavior, but also behavior that is threatening or harassing in nature. Prohibited behavior includes, but is not limited to:

- Possession of firearms, explosives, weapons such as knives, or any other hazardous or dangerous devices on any Agency property (provided, however, under Ohio's concealed carry laws, employees with a valid concealed handgun license (CHL) are permitted to transport and store firearms and/or ammunition in the employee's personal vehicle while located on the Agency's property when the employee is physically present inside the motor vehicle, or each firearm and/or ammunition is locked within the trunk, glove box, or other enclosed compartment or container within or on the person's privately owned motor vehicle or while operating the vehicle in a location where it is otherwise permitted to be<sup>3</sup>) or at any Agency

function. Additionally, use of any item as a weapon on Agency property or at any Agency function is prohibited.

- Fighting, inciting/provoking another to fight, battery, assault, attempted bodily injury or physically abusing any employee or Patient on Agency property.
- Using abusive or threatening language, coercing, threatening or otherwise harassing any employee or Patient in violation of the Company's Anti-Harassment policy.
- Actual or threatened physical violence towards another employee or Patient.

All employees are responsible for reporting any act in violation of this policy immediately to their supervisor or Human Resources. Employees should also report any suspicious conduct by employees or visitors on Agency premises. Conduct potentially violating this policy will be investigated and appropriate disciplinary action taken when warranted. Violations of this policy will lead to disciplinary action, up to and including termination of employment. Employees making reports as encouraged by this policy will not be retaliated against, and the Agency will not tolerate any such retaliation.

## **VII. GENERAL EMPLOYMENT POLICIES**

### **A. General Conduct and Conflicts of Interest**

Our Agency's reputation for integrity is one of our most valuable assets and is directly related to the conduct of its officers and other employees. Even the appearance of impropriety must be actively avoided at all times. Signature Health prohibits any illegal or immoral conduct by an off-duty employee that affects or has the potential to affect Signature Health's business interests. Employees must never use their positions with the Agency, or any of its Patients, for private gain, to advance personal interests or to obtain favors or benefits for themselves, members of their families or any other individuals, corporations or business entities. Employees are not permitted to accept anything of significant value from vendors.

Employees may engage in outside employment or personal educational activities during non-working hours, provided that such activities do not interfere with their job performance, constitute a conflict of interest or violate the Employee's Non-Competition Agreement with Signature Health. Prior to accepting outside employment, employees are to notify their supervisor or manager in writing. The notice must contain the name of the potential company, the title and nature of the position, the number of working hours per week and the time of scheduled work hours. If the position constitutes a conflict of interest or interferes with the employee's job at the Agency, at any time, employees may be required to curtail or terminate such activity.

All media inquiries regarding Signature Health's operations must be referred to the CEO or CEO or his/her express designee who is authorized to make or approve a specific public statements on behalf of the Agency. No employees, unless specifically designated by the Agency, are authorized to make statements to the media on behalf of or as a representative of Signature Health.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Zito Insurance Agency a Division of Risk Strategies 8339 Tyler Blvd. Mentor OH 44060	<b>CONTACT NAME:</b> Kelly Beebe <b>PHONE (A/C, No., Ext.):</b> 440-205-7400 <b>FAX (A/C, No.):</b> 440-205-7410 <b>E-MAIL ADDRESS:</b> kellybeebe@zitoinsurance.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Insuran INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Signature Health Inc Signature Health RE Holdings, Inc. 38882 Mentor Ave Willoughby OH 44094	<b>NAIC #</b> 18058

## COVERAGES

CERTIFICATE NUMBER: 64836303

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK2221599	1/1/2021	1/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2221599	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		PHUB751502	1/1/2021	1/1/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY		PHPK2221599	1/1/2021	1/1/2022	Ea Claim Aggregate \$1,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

For Reference Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2016/03)

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CONFIDENTIAL

ADAMHS000029285

DEF-MDL-14385.00169



**MHAS**

Promoting wellness and recovery

Mike DeWine, Governor

Lori Criss, Director

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## **Behavioral Health Certification**

### **CERTIFICATE OF SERVICES**

**for**

**Signature Health, Inc.**

**Certification Number: 01-0467**

**Issued: April 1, 2019**

**Expires: December 20, 2021**

**In accordance with Section 5119.36 of the Ohio Revised Code, this agency meets minimum standards and is hereby certified to provide behavioral health services and activities at the location(s) specified:**

**General Services**

**Mental Health Day Treatment Service**

**Crisis Intervention Service**

**Peer Recovery Service**

**Consultation Service**

**Prevention Service**

**SUD Case Management Service**

**Community Psychiatric Supportive Treatment (CPST)**

**Therapeutic Behavioral Services and Psychosocial Rehabilitation**

**Supplemental Behavioral Health Service: '24 x 7 Access'**

**Assertive Community Treatment (ACT)**

---

**Director, Ohio Department of Mental Health and Addiction Services**

**Agency Site Location(s)**

<b>462 Chardon Road Painesville, OH 44077</b>	<b>1905 East 89<sup>th</sup> Street Cleveland, OH 44106</b>
<b>1914 East 90<sup>th</sup> Street Cleveland, OH 44106</b>	<b>4726 Main Avenue Ashtabula, OH 44004</b>
<b>38882 Mentor Avenue Willoughby, OH 44094</b>	<b>38879 Mentor Avenue Willoughby, OH 44094</b>
<b>4428 Collins Blvd. Ashtabula, OH 44004</b>	<b>24200 Chagrin Blvd. Beachwood, OH 44122</b>
<b>21100 Southgate Park Blvd. Maple Heights, OH 44137</b>	<b>1909 East 89<sup>th</sup> Street Cleveland, OH 44106</b>
<b>14701 Detroit Avenue, #620 Lakewood, OH 44107</b>	



# CARF INTERNATIONAL

*A Three-Year Accreditation is issued to*

*Signature Health, Inc.*

*for the following program(s)/service(s):*

*Case Management/Services Coordination: Integrated: AOD/MH (Adults)*  
*Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)*  
*Case Management/Services Coordination: Mental Health (Adults)*  
*Case Management/Services Coordination: Mental Health (Children and Adolescents)*  
*Crisis Intervention: Integrated: AOD/MH (Adults)*  
*Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)*  
*Crisis Intervention: Mental Health (Children and Adolescents)*  
*Day Treatment: Integrated: AOD/MH (Adults)*  
*Detoxification/Withdrawal Management: Integrated: AOD/MH (Adults)*  
*Integrated Behavioral Health/Primary Care: Comprehensive Care (Adults)*  
*Integrated Behavioral Health/Primary Care: Comprehensive Care (Children and Adolescents)*  
*Intensive Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)*  
*Intensive Outpatient Treatment: Integrated: AOD/MH (Adults)*  
*Intensive Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)*  
*Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)*  
*Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)*  
*Outpatient Treatment: Integrated: AOD/MH (Adults)*  
*Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)*  
*Outpatient Treatment: Mental Health (Adults)*  
*Outpatient Treatment: Mental Health (Children and Adolescents)*  
*Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)*  
*Residential Treatment: Integrated: AOD/MH (Adults)*

*This accreditation is valid through*  
*August 31, 2021*

*The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served*



*This accreditation certificate is granted by authority of:*

*Richard Fortkoch*

Richard Fortkoch  
Chair  
CARF International Board of Directors

*Brian J. Boon, Ph.D.*

Brian J. Boon, Ph.D.  
President/CEO  
CARF International



**CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF ACCREDITATION**

**LABORATORY NAME AND ADDRESS**  
SIGNATURE HEALTH, INC  
38879 MENTOR AVENUE  
WILLOUGHBY, OH 44094

**CLIA ID NUMBER**  
36D2116667

**EFFECTIVE DATE**  
09/06/2019

**LABORATORY DIRECTOR**  
JEFFREY MASSEY M.D.

**EXPIRATION DATE**  
09/05/2021

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.  
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Karen W. Dyer*  
Karen W. Dyer, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

209 Certs2\_080619

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ROUTINE CHEMISTRY (310)	09/06/2017		
TOXICOLOGY (340)	09/06/2017		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
-CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS  
SIGNATURE HEALTH INC  
38882 MENTOR AVE  
WILLOUGHBY, OH 44094

CLIA ID NUMBER  
36D2030739

EFFECTIVE DATE  
10/04/2019

LABORATORY DIRECTOR  
ELLEN V MCGEE DIRECTOR

EXPIRATION DATE  
10/03/2021

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Karen W. Dyer*  
Karen W. Dyer, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

1098 certs1\_091019

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

2/2/2020

ODH Program Information



**CLIA Certification Information**

[CLIA Lab Program Page](#)

**SIGNATURE HEALTH INC**

License ID: N/A

Provider  
ID: 36D2116714

**Provider Demographics**

Address:	462 CHARDON STREET PAINESVILLE, OH 44077	County:	LAKE
Phone Number:	(440) 953-9999	Fax Number:	(440) 918-3839
E-mail Address:	nrodway@signaturehealthinc.com	Mailing Address:	*

**CLIA Certification Information**

**General Certification Information**

Certification Type: 222 LAB-CLIA-WAIVER  
Certification Expiration Date: 07/28/2022

\* A mailing address will appear if it is different from the business address

BACK

**NEW SEARCH**

Enhanced Information Dissemination Version 3.0  
Software release on: 07/28/2016



**STATE OF  
OHIO**  
BOARD OF PHARMACY

## **LICENSE TO DISTRIBUTE DANGEROUS DRUGS**

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2023.

**SIGNATURE HEALTH, INC.**

**38882 MENTOR AVENUE,  
WILLOUGHBY, OH 44094**

**License Number: 021420150**

**Terminal - Pharmacy - Category 3**

**Expiration Date: March 31, 2023**

CLASS: Terminal - Pharmacy - Category 3  
BUSINESS TYPE: MD - Multi-Disciplinary Pharmacy

**Responsible Person** – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - [https://elicense.ohio.gov/oh\\_homepage](https://elicense.ohio.gov/oh_homepage).*

**State of Ohio Board of Pharmacy**

77 South High Street, 17th Floor, Columbus, Ohio 43215  
T: 614/466-4143 | F: 614/752-4836 | [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2714675	02-28-2023	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	HOSPITAL/CLINIC	01-13-2020

SIGNATURE HEALTH, INC.  
SIGNATURE HEALTH, INC.  
38882 MENTOR AVE.  
WILLOUGHBY, OH 44094

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS2714675	02-28-2023	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	HOSPITAL/CLINIC	01-13-2020

SIGNATURE HEALTH, INC.  
SIGNATURE HEALTH, INC.  
38882 MENTOR AVE.  
WILLOUGHBY, OH 44094

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**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (9/2016)



**Quality Improvement Plan  
Signature Health Inc.**

Adopted on 1/27/2021  
Date  
Date



**Quality Improvement Plan  
Signature Health Inc.  
Signature Page**

This plan has been approved and adopted by the following individuals:

---

Signature

Josie Jones, Chair, Board of Directors

---

Date

---

Signature

Jonathan Lee, CEO

---

Date

For questions about this plan, contact:

Heather Harrington  
Director of Clinical Quality  
[hharrington@shinc.org](mailto:hharrington@shinc.org)  
(440)862-0005

## Quality Improvement Plan Signature Health Inc.

### Table of Contents

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Signature Health is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement (QI) Plan serves as the foundation of this commitment.

This plan includes the following topics:

Topic	See Page
Purpose & Introduction	1
Definitions & Acronyms	2
QI Policy	3-8
2021 QI Plan	9
Confidentiality Statement	9

## **Purpose & Introduction**

### **Policy:**

Signature Health will objectively, systematically, and continuously evaluate, monitor, and improve the quality of its processes, programs, and services. This requires establishing agency-wide and/or specific program goals, objectives and performance measures, and includes training staff in QI methods and tools. To execute this policy, Signature Health will establish and implement an agency-wide annual QI Plan.

### **Purpose:**

- 1) To ensure timely access to high-quality healthcare for all patients, through a cost-effective, safe, and equitable health care delivery system that objectively and systematically monitors and evaluates the quality and appropriateness of health care and services.
- 2) To promote an organization-wide philosophy of continuous quality improvement.
- 3) To resolve identified deficiencies in a timely manner.

### **Mission & Values**

#### **Mission:**

Signature Health puts good health within reach of all of our community members through comprehensive mental health, medical, and support services essential for optimizing the well-being of mind and body.

#### **Vision:**

A community without health disparities.

#### **Values:**

**Integrity** - Communicate openly and honestly and build relationships based on trust, respect, and compassion.

**Service** - Satisfy every client and referral, every time.

**Teamwork** - Work together effectively to achieve goals while encouraging individual contributions and responsibility.

**Innovation** - Nurture creativity and support the development of new ideas, services, and processes.

**Excellence** - Always improve and strive for excellence.

**Community** - Promote health and wellness throughout all of our communities.

## Definitions & Acronyms

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<b>Introduction</b>	A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms and frequently used acronyms are listed alphabetically in this section.
<b>Definitions</b>	<p><b>Continuous Quality Improvement (CQI):</b> A systematic, agency-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.</p> <p><b>Plan, Do, Study, Act:</b> An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what has been learned.</p> <p><b>Quality Culture:</b> Quality is fully embedded into the way Signature Health operates, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of Quality Improvement efforts are communicated internally and externally.</p> <p><b>Just Culture:</b> Organizational culture that fosters learning and shared accountability for continuous improvement, particularly concerning patient safety.</p>
<b>Acronyms</b>	<p>ADAMHS- Alcohol, Drug Addiction and Mental Health Services</p> <p>BPHC- Bureau of Primary Healthcare</p> <p>CARF- Commission on Accreditation of Rehabilitation Facilities</p> <p>FQHC- Federally Qualified Health Center</p> <p>FTCA- Federal Tort Claims Act</p> <p>HRSA- Health Resources and Services Administration</p> <p>OMHAS- Ohio Department of Mental Health and Addiction Services</p> <p>PCMH- Patient Centered Medical Home</p> <p>UDS- Uniform Data System</p>

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## **Quality Improvement Plan**

This section describes how Signature Health's Quality Improvement activities will be executed, including structure, roles and responsibilities, and processes.

<b>Staff Training &amp; Education</b>	Training is an integral part of the Quality Improvement process and fostering a culture of improvement. Staff orientation includes training on Signature Health's Mission and Vision, and how our Quality Culture embodies those values. Staff are trained on techniques for identifying opportunities for process improvement.
<b>Quality Improvement Management, Roles &amp; Responsibilities</b>	<p><b>Authority &amp; Responsibility</b></p> <p>Signature Health's Executive Leadership exhibits its endorsement and support of a robust culture of quality. The Chief Executive Officer directs all QI processes and activities. The Board of Directors monitors the development and implementation of quality improvement policies and procedures and recommends modifications to the QI plan as needed. The Board QA Committee presents such recommendations to the Chief Medical Officer and/or the Chief Executive Officer. After review and refinement, the Chief Executive Officer then submits final changes to the QI plan to the full board for approval. The Director of Clinical Quality oversees the QI program, ensuring implementation of its operating procedures, completion of its assessments, and ongoing monitoring of measurable outcomes. See Appendix A for the program and communication structure of the QI program.</p>

### **Description of Roles and Committees**

#### **Board of Directors**

As the policy making body of the organization, the Signature Health Board of Directors:

- Reviews and approves the QI Plan and Goals annually.
- Assures the implementation and ongoing development of an effective QI program that appropriately addresses and corrects identified problems in services and care delivery systems.
- Receives updates quarterly from the Board QA committee including a summary of QI projects, baseline measures, performance goals, and projected outcomes.
- Receives and reviews the Annual Quality Improvement Report.
- Monitors and ensures that systems are in place to measure the quality/effectiveness of clinical care, the efficiency of care delivery processes, patient satisfaction, access to care, quality of workforce environment, cost, and patient safety and health outcomes.
- Reviews and approves recommendations from the Board QA Committee for policy and procedure changes resulting from continuous quality improvement activities.

#### **Board Quality Assurance Committee**

The Board of Directors maintains a QA Committee. The Board President appoints the committee chair who recruits additional members in accordance with the

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bylaws. The committee reports to the full Signature Health Board of Directors on a quarterly basis.

The purposes of the Board QA Committee reports are to:

- Provide accurate information regarding the programs and QI efforts of Signature Health;
- Ensure that patient care, clinical programs, and administrative services are consistent with the current standards of practice and program expectations; and
- Improve the performance of the staff by making them accountable to the Board of Directors and eliciting their input into QI activities.

The Board QA Committee reviews the following information: patient satisfaction surveys, incident reports, suggestion boxes, client rights and grievances, chart audits, peer reviews, audits of accrediting organizations and managed care organizations, service line reports, provider evaluations, outcomes measures, UDS reports, utilization of health center services, safety reports, adverse events, and performance dashboards.

#### **Executive Quality Council**

The Executive Quality Council is tasked with developing, supporting, and operating the QI program. It is comprised of the CEO, CMO, COO, and Director of Clinical Quality in addition to four to eight additional organizational leaders appointed by the CMO to serve one or more one-year terms. The Director of Clinical Quality is the designated chair of the Quality Council. The Council, with the support and oversight of the Chief Medical Officer:

- Selects and prioritizes metrics to monitor, with performance goals for each;
- Determines acceptable performance thresholds for each metric;
- Ensures that all necessary data are supplied to the appropriate QI/QA Committees;
- Establishes priorities for problem resolution or program improvement;
- Manages ongoing improvement activity; and
- Assumes ultimate responsibility for resolving identified quality and safety problems, as well as taking advantage of any other opportunities to improve.

The Quality Council meets on a quarterly basis. Minutes are maintained. The Director of Clinical Quality incorporates the input of the Council into the quarterly QI report presented to the Board QA Committee for further presentation to the full Signature Health Board of Directors.

The Quality Council reviews the following information: patient satisfaction surveys, incident reports, suggestion boxes, client rights and grievances, chart audits, peer reviews, audits of accrediting organizations and managed care organizations, service line reports, outcomes measures, UDS reports, utilization of health center services, safety reports, adverse events, mortality reviews, and performance dashboards. The Council identifies problems and areas for improvement. It establishes priorities for problem resolution and program improvements and



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directs the responsible parties to implement corrective actions. It monitors the activities of the QI Committees. It conducts periodic reviews to evaluate progress in areas designated for corrective action or improvement.

#### **Director of Clinical Quality**

The Director of Clinical Quality develops and implements QI operating procedures, oversees and coordinates activities of the QI Committees, facilitates QI initiatives, updates QI operating procedures, and reports QI outcomes. The Director of Clinical Quality ensures that Signature Health meets or exceeds all quality indicators required by all relevant external agencies (HRSA, CARF, ADAMHS, OMHAS, BPHC, etc.).

The Director of Clinical Quality communicates QI activities to the Board of Directors, senior management, staff, patients, and other shareholders through formal reports, staff meetings, electronic newsletters, and postings. The Director of Clinical Quality reports to the Executive Quality Council and Board QA Committee: patient satisfaction surveys, incident reports, suggestion boxes, client rights and grievances, chart audits, peer reviews, audits of accrediting organizations and managed care organizations, service line reports, provider evaluations, outcomes measures, UDS reports, utilization of health center services, safety reports, mortality reviews, adverse events, performance dashboards, and activities of the QI Committees.

The Director of Clinical Quality maintains a QI calendar of activities facilitating their implementation and execution. The Director of Clinical Quality, in collaboration with the Chief Compliance Officer, ensures that patient confidentiality is maintained in all QI activities.

The Chief Medical Officer and Director of Clinical Quality are active participants in the selection and implementation of Signature Health's Electronic Health Record. \*

#### **QI Committees**

The QI Committees are multi-site, multi-disciplinary and comprised of front-line staff, clinical supervisors, and providers. Each committee is tasked with one of eight primary areas of clinical focus.

The Director of Clinical Quality oversees all QI committees, sub-committees, peer review, and ad hoc committees. In addition to a lead clinician designated as chair, the committees include provider and staff representatives as indicated by the objectives of the committee (e.g., clinical directors, licensed independent practitioners, nurses, medical assistants, counselors, case managers, or receptionists). With the support and assistance of the Director of Clinical Quality, the QI Committees:

- Assist leadership in identifying key processes and related metrics (structure, process, outcome);
- Endorse and embody a culture of continuous quality;
- Ensure that appropriate metrics are being accurately monitored;

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- Refer identified quality deficiencies to leadership for Quality Improvement Action;
  - Support and monitor all QI activities; and
  - Evaluate effectiveness of QI activities and document improvements.

The mission of the QI Committees is to ensure the safety and quality of care and services provided to health center patients. Committee members are local champions of Continuous Quality Improvement and Just Culture. The committees' goals are to ensure that the organization has developed an integrated process of continual assessment of needs. The committees identify gaps between desired and actual performance; identify root causes; and select, design and implement corrective actions to improve performance. Monitoring is based on indicators and clinical metrics as set forth by accrediting bodies, local, state and federal regulatory agencies, contractual obligations, grants, and organization specific indicators.

#### **Measures, Metrics, Monitoring**

**Integrated Clinical Record Reviews:** Conducted quarterly by the Director of Clinical Quality or designee, integrated clinical record reviews determine whether clinical records contain information that is pertinent, current, legible, complete, and timely and whether the quality and effectiveness of care meets standards of care and age-specific guidelines.

**Utilization Review:** Conducted quarterly by the Director of Clinical Quality, utilization reviews determine whether services have been appropriately utilized, trends and patterns of service use and gaps in service, patient satisfaction, referral source satisfaction, and access to care.

**Peer Review:** Conducted quarterly in accordance with Signature Health Policy 303: Assessments of Clinician Care/Peer Review, peer reviews provide a structured evaluation of clinical quality and adherence to standards of care.

**Other Monitoring Activities:** Incident report patterns and trends, health and safety, sentinel events, client rights and grievances, satisfaction surveys, and access to care metrics. Types of data collection may include chart audits, financial databases, clinical databases, external and internal audit reports, UDS measures, provider evaluations, surveys, service line reports, and performance dashboards.

#### **Quality Performance Measurement and Management Process**

The Executive Quality Council and QI Committees establish the QI indicators, goals, and data collection procedures for each service including the following characteristics:

Collect data on the person served at:

1. The beginning of services
2. Appropriate intervals
3. The end of services
4. Points in time following service

Measures for indicators of:

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1. The effectiveness of service
  2. The efficiency of service
  3. Access to service
  4. Patient satisfaction and stakeholder satisfaction

Factors to be considered in project selection:

1. Alignment with mission and values
2. Performance measures required by accreditation/regulatory agencies, grantors, etc.
3. Previous survey results
4. Adverse event trends
5. Audit or compliance issues

These data are analyzed, and the results are used to make informed decisions about the needs of the persons served and other stakeholders as well as the business needs of the organization.

#### **Design**

The design of performance improvement initiatives depends upon the areas targeted for improvement. The design process utilizes several tools to achieve its objectives, which may include flowcharting, fishbone diagrams, benchmarking, comparative data analysis, and other statistical techniques of the Lean/Six Sigma methodology. Improvement plans may include system redesign, education (staff/patients), clinical guideline development, policy and procedure changes, or form development or revision.

#### **Change Process**

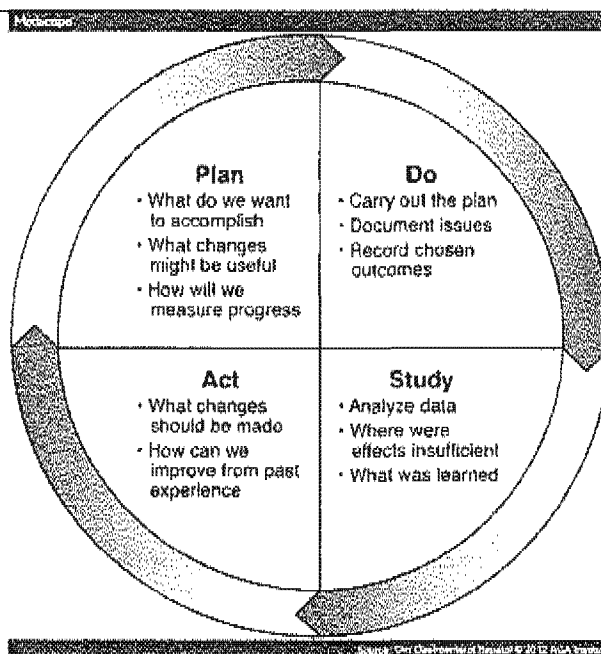
The QI committees utilize the PDSA methodology to assess performance and inform change implementation:

**Plan:** Plan the test or observation including a plan for collecting the data.

**Do:** Try the test on a designated sample size and observe performance improvement results.

**Study:** Analyze data, make conclusions and review.

**Act:** Recommend changes and take actions, including corrective actions, and monitor the effectiveness of corrective actions.



If there is an emergent issue or breakdown in a process, the Director of Clinical Quality will coordinate communication between senior management and committees to develop immediate corrective action and interventions to stabilize a system or process and increase monitoring systems to support interventions and stabilization efforts.

The QI committees' meeting minutes and reports will serve as a written summary of recommendations to be presented to the Director of Clinical Quality and Chief Medical Officer.

#### **Annual Quality Assurance/Quality Improvement Evaluation**

The Director of Clinical Quality will prepare an annual summary and evaluation of the past year's Quality Improvement program, measures, outcomes, corrective actions and recommendations. The Director of Clinical Quality will present the report for review by the Board QA Committee and subsequent presentation to the full Board of Directors.

<b>2021 Quality Improvement Plan</b>	<p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. Pursue opportunities to improve health care, services and safety.</li> <li>2. Address detected deficiencies in a timely manner.</li> <li>3. Fulfill reporting and data collection requirements of regulatory/licensing bodies and grantors.</li> </ol> <p><b>Objectives:</b></p> <p><b>Medication Safety Committee</b></p> <ol style="list-style-type: none"> <li>1. Reduce/eliminate medication administration errors</li> <li>2. Integrate Incident Reporting platform with real-time Data Dashboard- medication incidents, pharmacy incidents</li> <li>3. Achieve 100% medication reconciliation at medical visits (post-Epic)</li> </ol> <p><b>Culture of Safety Committee</b></p> <ol style="list-style-type: none"> <li>1. Continue development of agency-wide Just Culture</li> <li>2. Integrate Incident reporting platform with real-time data dashboard- lab incidents, health/medical incidents, patient deaths, MUIs</li> </ol> <p><b>Primary Care Committee</b></p> <ol style="list-style-type: none"> <li>1. During 2021, improve performance on UDS Cervical Cancer Screening measure by 10% (absolute percentage)</li> <li>2. During 2019 through 2021, improve performance on UDS Hypertension and Diabetes Control measures by 5% (absolute percentage). *</li> <li>3. Identify metric for UDS Depression Remission measure (post-Epic)</li> </ol> <p><b>Psychiatric/Mental Health Treatment Committee</b></p> <ol style="list-style-type: none"> <li>1. Improve metabolic screening rates in patients prescribed atypical antipsychotics.</li> <li>2. Improve provider education and response to BASIS-24, with focus on elevated self-harm (post-Epic)*</li> <li>3. Improve performance on follow-up/re-engagement of "no shows"</li> </ol> <p><b>Substance Use Disorder Treatment Committee</b></p> <ol style="list-style-type: none"> <li>1. Improve naloxone access and education for MAT patients</li> <li>2. Collaborate with Infectious Disease QI Committee to increase Hepatitis C and HIV screening.</li> <li>3. Develop IOP-related metric</li> </ol> <p><b>Infectious Disease Committee</b></p> <ol style="list-style-type: none"> <li>1. Achieve universal (100%) screening for Hepatitis C and HIV in patients new to MAT; 90% for all MAT patients</li> <li>2. Implement Hepatitis C and HIV screening for all adult patients.</li> <li>3. Increase provider education/prescribing of PrEP</li> </ol> <p><b>Ryan White Committee</b></p> <ol style="list-style-type: none"> <li>1. Develop and implement standardized intake process</li> <li>2. Achieve/Maintain 90% complete eligibility documentation</li> <li>3. Achieve/Maintain 95% of internal patients with viral load suppression within 6 months of entering care</li> </ol>
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**Lab Safety Committee**

1. Identify lab performance metrics, establish baseline measures, develop and implement standardized workflows, re-measure
2. 100% of lab error incidents reviewed and corrective action (if necessary) initiated within 2 business days

**Ongoing QI Activities:**

1. Peer Review
2. Medical Record Audits
3. Utilization Review
4. Patient Satisfaction Surveys \*
5. Referrer Satisfaction Surveys
6. MUIs and Incident Reporting/Trending

**\*Denotes 2019-2021 Strategic Plan Initiative**

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**Confidentiality  
and Conflict of  
Interest**

The Quality Improvement Plan and Policy will be conducted in such a manner as to ensure organizational compliance with appropriate policies concerning confidentiality and conflict of interest, as well as all HIPAA, HRSA, CARF, and OMHAS requirements concerning patient/staff confidentiality and privacy issues.

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